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CLINICAL LECTURE.

HYSTERIA AND SPIRITISM.[1]

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Gentlemen: It is incontestable that everything which vividly affects the mind, everything which powerfully stimulates the imagination, favors the development of hysteria in persons predisposed thereto. Of all causes productive of these traumatisms of the cerebral functions, there is perhaps none more efficacious, and whose influence has been oftener acknowledged, than inordinate belief in the marvelous, in the supernatural, a belief which is fostered and exaggerated by excessive religious observances or—to descend to a kindred order of ideas—by spiritualism and its practices. It is sufficient to recall to mind certain facts which are matters of history, such as that of the "Possessed Maiden of Louvres" in the sixteenth century, whose imagination had been kept in constant tension, before her "possession," by the lost spirit which reappeared every night in the house where she lived;[2] and there is a recent interesting instance of an epidemic of hysteria affecting six children of one family in Brétagne whose minds had been fed with fantastic stories in which witches and ghosts played the principal part.

[1] Advance sheets of a new volume about to appear from the press of G. S. Davis, with the sanction of the professor. Translated by E. P. Hurd, M.D.

[2] Procès verbal fait pour delivrer une fille possédée par le malin esprit à Louviers, 1591. Bibliotheque diabolique, 1883.

It has been my lot to observe one of these little family epidemics, the principal actors in which I am going to present to you to-day. This epidemic merits a particular description, as much with reference to its mode of development as for the light which it gives in the study of hysteria in children, and particularly in young boys. It is in a military penitentiary that the facts occurred which I am going to relate.

Life in a penitentiary must be dreary enough at the best; moreover, by reason of the discipline which must necessarily prevail in such institutions, even the apartments of the military keepers cannot but partake of the gloom and severity of the place. The lodgings occupied by Monsieur X., adjunct lieutenant, are situated on the third floor; access thereto is obtained by a dark stairway; the apartment itself is insufficiently lighted, for all the windows, which look out upon the prison yard—which, it is true, is a spacious one—are situated high up, near the ceiling, and admit but little light. Monsieur X., who has lived in the penitentiary three years and a half, is forty-three years of age; he seems to be quite intelligent, although his military career has been one of slow and moderate advancement; I shall say more about his mental state presently. His general health is good, and there are few pathological antecedents on his side. At the age of thirteen, he suffered from an affection which was febrile at its commencement, but was followed by a delirious state which lasted six months.

Madam X., aged thirty-six years, and married since 1879, is a very nervous woman; she is quick-tempered, emotional, and fretful; has, however, never had convulsive attacks of any sort. It is not so,

however, with her mother, who died in March, 1884, at the age of seventy-two years, of a cerebro-spinal affection, and who every year had two or three returns of well-marked hysterical fits. We may note, finally, that her father was a constant sufferer from rheumatism.

Monsieur and Madam X. have had four children; three are still living; the fourth died, probably of athrepsia, at the age of two and one-half years.

You see before you the oldest of the three living children—Julie, aged thirteen and one-half years; she was born before full term—at seven and one-half months—and she remained a long time weak and puny, having been brought up on a bottle. For the last three years, she has been boarding at a convent in the neighborhood of the penitentiary. From her infancy, she has been very nervous. At the convent, as at home, she has been unruly and difficult of management, laughing and crying for the most trifling cause. In 1883, she menstruated for the first time; these first monthly periods were accompanied by violent cramps; menstruation then ceased, and has not since returned. Every year, she comes home to spend her vacations with her parents at the penitentiary. It is proper to state that, prior to the events I am about to relate, she had never witnessed any convulsive crises.

I also bring before you the younger of the boys, François, aged eleven years, who is pale and anæmic like his sister. At the age of four months, he had convulsions, and from the time that he was two years old he suffered from pains in the joints of the lower extremities, knees and feet. These pains, which have lately returned on various occasions, are sufficiently severe to keep him in bed. He takes his meals at a boarding-house near the penitentiary, and comes home at night to sleep.

Jacques, the elder of the boys, aged 12 years, also anæmic, shares his brother's mode of life. For several years, he has had convulsive tics, affecting chiefly the mouth, as you can yourselves see. During the month of August last, the entire family were home passing the holidays together—the father and mother busy with their usual occupations, the children playing together in the yard of the penitentiary, almost always alone, for belonging to the families of the other officers there was only one child, four years of age. Life in a house of correction must, as I have before said, be very tiresome: apart from the regular routine, there is little in the way of diversion; hence, in order to break this monotony, the wives of the prison-officers had been in the habit now for more than a year of devoting themselves with passionate interest to spiritualistic practices, holding séances which were conducted every other day by a female friend of one of them. This diversion was very much to their taste; in fact, they all became pronounced spiritualists, and none more so than Monsieur and Madam X. The latter, moreover, applied herself eagerly to the reading of books treating of "occult sciences," books which she did not hesitate to allow her daughter to read. As for Monsieur X.—who had at first been quite indifferent to spiritualism—since the month of March, 1883, he never missed taking part in table-tipping on Fridays, it having been revealed to him by raps one day that on some Friday he would become a medium and have the power to call up the spirit of his mother. So it happened that Julie was present at a spiritualistic séance during the Easter holidays; this did not, however, much affect her. Coming home during the August vacation, she had already participated in several "circles," in which, however, she had had no part except to lay her hands upon the table; but on Friday, the 29th, her father made another attempt to find if his turn for being medium had not come. He interrogated the table, and the latter, instead of designating him, as he hoped it would, replied by raps: "Julie shall be medium." The whole of Friday was devoted to a séance which was almost uninterrupted. The next day, at nine o'clock in the morning, the family and two or three neighbors again formed a circle. They called up the spirits of various persons, and, about three o'clock in the afternoon, the table rapped an order for Julie to write. She thereupon seized a pencil, but the same moment her arms became stiff and her eyes fixed. The father, in his fright, threw a glass of water in her face. She came to herself, but her mother, having a presentiment of the danger, forbade her to have anything more to do with table-tipping. She did not, however, realize the influence of her neighbor whose friend was a medium, and attended the séance in her company. This neighbor, desirous of communicating with the spirit of her sister, took Julie home with her, and the séance recommenced. About seven o'clock, the table tipped, the spirit was declared present, and Julie said to it: "Please to sign your name." Immediately, she herself, in her quality of medium and "under the inspiration of the spirit," seized a pencil with trembling hand and

wrote "Paul Denis" with a flourish. The handwriting was that of a man; the P and D, moreover, were written in such odd characters that the young girl has never since then been able to trace letters like them. The signature was no sooner terminated than the hand that had written it was convulsed. Then Julie, with a shrill laugh, rose immediately, and, like one mad, in wild delirium ran back and forth through the house, uttering inarticulate cries, then rolled over and over on the floor, presenting a series of hysterical paroxysms characterized chiefly by contortions (clonism). The next day and the following days, the fits reappeared very often—twenty to thirty a day. So affairs went on till the fifteenth of November, Julie continuing to have convulsive crises and being little benefited by the application of divers means, and, in particular, of hydrotherapy.

Several days previously, François, the younger of the boys, who, like his brother, always took a great interest in spiritualistic performances, was attacked with pains in the joints, which, at that time, kept him in bed. All at once, on the 15th of October, he rose in bed and exclaimed that he saw lions, wolves; then he leaped out of bed, pounded the doors, declared that he saw his father a corpse, that he saw robbers, whom he attacked with a short sword; then he lay down and rolled on the floor, crept on his belly, and assumed certain well characterized passional attitudes. Two days later, Jacques had an aggravation of his facial tics; then, seeing his mother weeping, he exclaimed: "I will kill myself if you weep!" Then attacks of temporary delirium came on, during which he muttered incoherent phrases and saw robbers and assassins, whom he tried to strike.

It was on the 9th of December that the father and mother, in their affliction—all treatment having been without avail—brought their children to the Salpêtrière. Separation and isolation were becoming more and more necessary, for, when one of the children had a fit, the others speedily followed the example.

Julie, whose pathological antecedents you now know, and whose age is thirteen and a half years, is tall and stout for her age, quite well developed, although, as I told you, her courses, which came on once or twice in 1883, have not yet been permanently established. Despite of what her mother has informed us, she seems to be of a mild and quiet disposition. On the first day of her entrance, as well as on the subsequent days, she had several fits which were in general characterized as follows: All at once, sometimes after a brief and variable *aura*, she fell backward, the arms were separated from the trunk, the hands being in pronation, the fingers clinched. Then quite frequently supervened one or more attacks characterized by a unilateral arching of the body; and lastly the clonic phase presented itself, in which the body was jerked back and forth, the head at times was almost brought in contact with the pelvis, or the arms were projected violently in the air, the head still resting on the pillow. During the attack, Julie uttered moans, had fits of laughter, but did not speak. The fit, which was composed of a series of seizures similar to what I have described, lasted quite a long time—three-quarters of an hour, an hour, or an hour and a half. It was easy to stop or provoke a fit at will by pressing on one of the hysterogenous points which the patient presented. Julie, in fact, possesses certain permanent hysterical stigmata; although she has neither cutaneous anæsthesia nor ovaria [ovarialgia], she has numerous hysterogenous zones, situated opposite each other, on the two breasts, on both flanks (externally), on both calves, and the two external malleoli, and on the internal aspect of the right elbow joint. The examination of the eyes, made by M. Parinaud, gives results which are characteristic. There exists, in fact, on the right, a very marked contraction of the visual field; moreover, not only is the circle of red situated outside of the circle of blue, but it even plainly extends outside of that of the white light. The same phenomena exist on the left side, though less pronounced. The other special senses are intact.

François, the youngest of the boys, aged eleven years, has also certain permanent stigmata apart from the seizures which I have just described. Thus, on the morning of his admission, we noted an area of anæsthesia embracing the whole face; this patch was, however, variable, for the following days the insensibility was limited to the median region of the forehead and nose. The rest of the external integument is notably hyperæsthetic. All the special senses are affected; the taste is totally abolished, the insensibility of the tongue is complete, the pharyngeal reflex no longer exists, the pituitary membrane and the smell are in similar condition, the external auditory meatus is insensible, and hearing is very obtuse. The examination of the visual field is also very demonstrative; the contraction is quite marked on the left, and not only is the

circle of red outside of the blue, but it also extends beyond the circle of white light. On the right, the contraction is less marked, and there is no transposition of colors. François has from one to five fits every day; some of them last two hours. He presents clearly the phenomena of minor and major hysteria (*petit* and *grand mal hysterique*). The first, or minor hysteria, is characterized by a contracture of the orbiculares of both eyes, which may last from three to five minutes without loss of consciousness; or another symptom referable to the *petit mal* may present itself: the boy smites with his fists or stamps with his foot, and pronounces certain incoherent words, and all is over. But generally the preceding phenomena are followed by a series of characteristic paroxysms constituting a fit. The upper and lower limbs become rigid, the eyes are closed, the body is stiffly bent into a bow. Then the boy throws himself upon the floor, creeps on his belly, smites the floor, crying out at the assassin of his hallucination; he struggles and kicks and endeavors to defend himself against his imaginary foes. The tonic phase is now repeated, and the fit is thus constituted by a series of accessions, one set of phenomena running into another or predominating over the others. It is a remarkable circumstance that, when you compress the left hand, the fingers of which are extended, you arrest the paroxysm instantly. You cannot, however, provoke an attack in this way. The skin over this region does not present any disorder of the sensibility.

Jacques, aged twelve years, pale and anæmic like his brother and sister, is the least sick of the three, though he has one, two, and sometimes three or four attacks every day. While there are not, in his case, any permanent stigmata, there is a marked preponderance of the *petit mal* over the *grand mal*. We know that, before these fits came on, he had convulsive tics of the face; these are now exaggerated, especially at the beginning of the seizure. He makes wry faces, the labial commissures are drawn outwardly; he mumbles, closes his eyes, utters certain incoherent words, and all may be over. But sometimes, as a sequel of these phenomena, or even at the outset, the eyes close, the body stiffens, is arched like a bow, then the child starts and runs or walks to and fro, speaks in a loud tone of voice, cries out at some imaginary thief, and finally throws himself on his bed, when the fit ends, or another one begins, lasting rarely longer than a quarter of an hour.

These facts have seemed to me to merit a particular attention. These are not, in truth, fugacious symptoms of hysteria which these children present. Julie has been sick for four months, and, if the isolation seems to have somewhat calmed her crises, as well as those of her brothers, it is no less true that the fits threaten to continue yet a long time, for you cannot bring together these children without all three of them immediately having a convulsion. The whole history of this little family epidemic is, moreover, very instructive. It makes you a witness of the genesis and evolution of the disease in a family of nervous and arthritic persons under the domination of two diatheses whose alliance is a most fruitful source of neuropathy. It gives you an idea of the influence exercised by the kind of life one leads and the conditions of habitation. Lastly, it indicates clearly the danger there is, especially to persons nervously predisposed, in superstitious practices, which unfortunately have for them so great an attraction, and in that constant tension of mind and imagination to which those are brought who apply themselves to spiritistic performances and the search of the marvelous, an occupation in which children take so much delight.

COMMUNICATIONS.

RESPIRATION EXERCISES; RELATING TO THE DEVELOPMENT OF THE CHEST CAPACITY AND MUSCLES OF RESPIRATION.

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The function of respiration has for its main object the abstraction of oxygen from the air and the exhalation of carbonic oxide from the blood. To this end there are necessary blood and air in constantly moving currents, and almost in contact. Any imperfect interchange of oxygen and carbonic oxide causes a sensation of suffocation, which increases in proportion as the process is incomplete. The inadequacy of oxygenation may depend upon a retardation or suppression of either of these currents. If the air supply is defective, it is because of insufficient chest capacity due to weak muscles, or an inelastic chest, or inability to use properly the respiratory muscles. Of course no account is now taken of advanced lung disease or of either internal or external

mechanical obstruction of the air-passages. If, on the other hand, the blood supply is defective, the cause is in the circulatory apparatus, and, as a rule, mainly in the weakness of the heart. That both of these shortcomings may be rectified in most instances can not admit of a reasonable doubt. In this paper, I shall confine myself to exercises relating to the chest and lungs and the circulating air.

Of all the books issued on gymnastics most are good; I may say very good; but, from the view of the athlete mainly. Their scientific value from a medical standpoint does not meet a critical requirement. All the writers I have seen have a crude notion of myodynamics, and yet even one of these, in a recent work, tells of his astonishment at having noticed that remarkably few physicians are even as well versed as he on this subject. Let me say at once that the knowledge of myodynamics usually possessed by even well informed physicians, and by those undergraduates well known to their teachers for their acquaintance with anatomy, by no means gives the same facility of analyzing complex muscular actions as practical anatomists have. From this point of difference arises a defect that is so serious as to endanger many lives. When a man begins the practice of medicine, he should be qualified to do his work, and if he is conscientious and modest, he will not jeopardize a trusting patient's life when he is not certain of his own ability to diagnose and treat the disease. So *should* it be in the prescribing of exercises for either well or unwell people of any age or either sex.

The average physical educationist, and some of them are medical men it must be said, see no other cause for "short-windedness" than insufficient chest capacity and weak pectoral muscles. The heart is practically ignored as a cause of dyspnœa. All advice tends to the development of the chest girth and chest capacity. The patient must learn to blow better and must get larger pectorals. This is the cure (?) and if it does not succeed, the case is usually considered insurmountable.

Again, no difference seems to be made by anybody as to the intra-thoracic pressure during different exercises. It has lately become the fashion to incline toward athleticism. In fact there are "schools" or "systems" of athletics. Some of these are —well, absurd. The motives of the originators I believe to be honest, but the effects are detrimental. One such system favored by a growing number, and undoubtedly good if properly used, is that which is so simply and perspicuously outlined by Mr. Blakie in his little school manual. Its principle is very light work, slow movements and intermediate rests, associated with long, slow, and deep breaths that are held for several seconds. It is against the indiscriminate use of these that I would raise a warning cry.

Some of these "mild" (?) exercises cause not only an enormous increase of the intra-thoracic pressure, but also of the pressure in the veins of the head and neck. The danger is evident. It may affect the heart, but of this in another note. It may affect the lungs beneficially or detrimentally; beneficially if it is desirable to force the air into all parts of the alveoli and cells under considerably increased pressure, and detrimentally under other circumstances as tending to pulmonary anæmia, atrophy of the alveolar walls and eventually emphysema. It may cause a rupture of the vessels of the inside or outside of the head, but especially of those small delicate ones of the brain that are found within the internal capsule. I could mention instances where I feel certain that lives were lost because of well meant, but wrong and carelessly given, advice about exercise, while others are now ebbing away at a quicker rate than was indicated previous to the beginning of gymnastics.

A remedy that so taxes the powers and is so potent for good should be most carefully employed. Many consider the lighter gymnastic performances innocent, but a personal trial by one who is weak and follows instructions to the letter will develop the fact that the remedy is often heroic.

The author of a recent book on this subject, and he is not a physician with a degree, describes a certain exercise for "broadening the chest,"[1] which has little or no effect whatever on the chest capacity, but increases the girth of the chest only by enlarging certain muscles, besides increasing the size of the ribs at the site of muscular attachments. He figures upon the contraction of the pectoralis major in this movement and so far he is right, but he forgets that other muscles take part in the work, one of the most important being the serratus magnus, which antagonizes the pectoralis major, in the exercise advocated, by pulling downward and backward upon the ribs while the

[1] This motion is done with the pulley weights. The back is toward the machine and the hands are held above the head. They are then brought downward, forward, and inward to a point on the median line, a little below the pelvis.

other pulls upward and backward. The serratus acts to hold the shoulder forward in this exercise. A deep breath is taken before the motion is begun and the consequence is that the imprisoned air is compressed, the pulmonary circulation is impeded, and the nourishment of the lungs diminishes for the time being. Sometimes this may be desirable and at'other times not. Only a competent physician can judge which is requisite.

I would lay down as a safe rule that *very few exercises expand the chest that call into direct action the pectoralis major muscles.* All such tend to compress the chest. Actual measurement with the calipers and tape demonstrates this to be a fact.

Another movement with the pulley-weight, illustrated by Fig. 1, in which the arms are brought forward with the elbows extended, while the back is toward the machine, causes a strong direct contraction of the pectorals, and is generally said to expand the chest; but, instead, it compresses the chest.

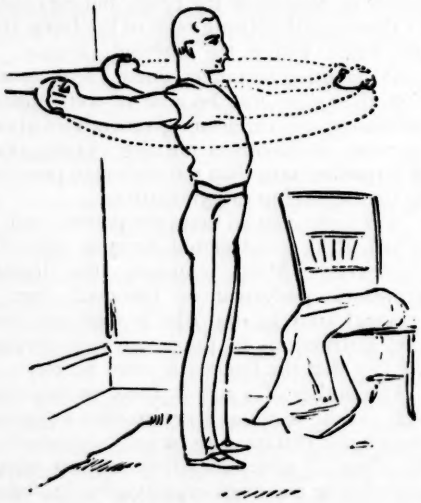

Fig. 1.

Fig. 1 compresses the chest, but exercises principally the pectoralis major or great chest-muscle of each side. This leads to a marked increase in the size of the chest-muscles and outside girth of chest, and is a good preliminary for those learning to dip.

Dipping is also considered a good exercise for causing chest expansion, but it, too, compresses. The same is true of all exercises that forcibly contract the pectorals and cause a movement of the arm. Contract these muscles, though, while the arms are firmly fixed forward, and it is, of course, evident that there is a greater tendency to chest expansion than when the arms move; hence the attitude of the asthmatic, with arms braced forward on a window-sill during a paroxysm.

The exercises that have thus far been enumerated are generally said to be respiratory, but really are chest-compressing exercises. The following are a few that are truly respiratory. By that I mean such as cause an expansion of the chest and a diminished intra-thoracic pressure, thus causing an active and almost irresistible inspiration. Such are the movements shown in the following figures:

In the instance of Fig. 2, the lower part of the chest is forced out very appreciably, the expansion involving the entire chest up to the clavicles. With the hands held at full reach above the head by the pulley-weight,

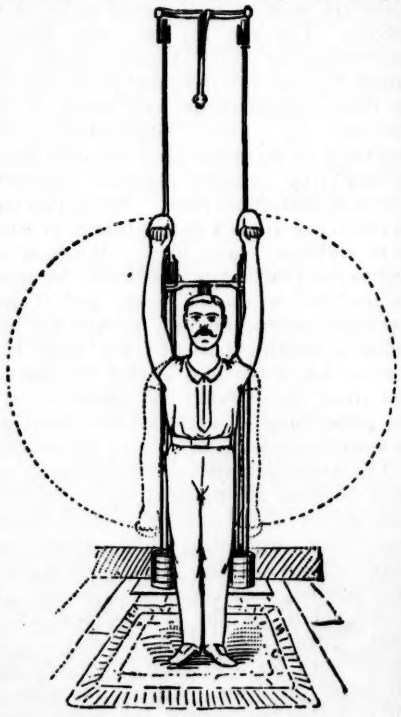

Fig. 2.

and without any effort by the patient, a long deep breath just before the exercise comes as natural, and is as pleasant, as the enjoyable morning stretch upon rising; then the arms are brought down slowly to the sides of the thighs, while the air remains in the lungs. The quickness of the movement should depend largely upon the temperament and condition of the patient. Expiration may take place at the end of the downward movement.

Fig. 2 exercises the front and back of the deltoid, pectoralis major, latissimus dorsi, teres major, and serratus magnus.

This motion strengthens the front and back arm-pit muscles and the chest-muscles, besides expanding the chest, causing it to flare out at its lower part—a good movement for narrow-chested persons and those desiring to become "long-winded" for long-distance running. The elbow must be kept stiff, while the downward motion should be accompanied by a deep inspiration and the upward movement by expiration. It is one of the very best respiratory exercises.

The exercise shown in Fig. 3 increases to a remarkable degree the antero-posterior diameter of the chest. The same motion in a standing posture would partly compress the chest, because of the counteraction of the serratus magnus in keeping the scapula, shoulder, and upper end of the humerus forward. Resting the back upon the floor dispenses with the action of the serratus magnus, and hence the difference in the effect of the same exercise done under changed conditions.

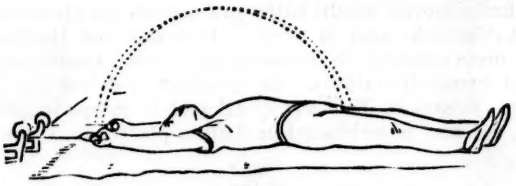

Fig. 3.

Fig. 3 exercises the biceps slightly, belly, pectoralis major, lattissimus dorsi, deltoid, teres major, rhomboidii, and trapezius.

The front of the upper arm, the belly, front of the chest, side of the back, the shoulder, back of arm-pit, and the upper part of the back. One of the very best motions for increasing the depth of the chest. As the arms come up, with the elbows stiff, the chest is seen to rise until it reaches its limit of expansion. This, with the motions shown in Figs. 4 and 2, constitute a fine combination of exercises for expanding the chest.

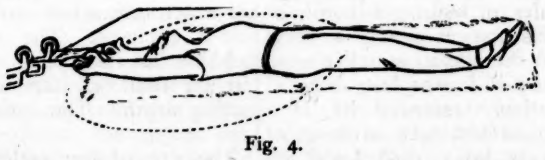

Fig. 4.

Fig. 4 exercises the biceps slightly, pectoralis major, lattissimus dorsi, teres major, and trapezius.

The front of the upper arm, the front of the chest, the side of the back, back of the arm-pit, and the upper part of the back. This is essentially the same as Fig. 2, except that it is somewhat easier, and the hand, being on the ground, insures a steady motion of the two sides on the same plane. It is a good exercise, if one begins to feel tired, or for those who are too weak to do it standing, as in Fig. 2.

Fig. 4 shows a movement essentially the same as that shown by Fig. 2, but is better for weak patients, as they then exercise only those muscles necessary to inspiration and expansion, and avoid the tiring effects of using the other necessary muscles while standing.

In conclusion, then, of the so-called respiratory exercises, some expand and others compress the chest. It may be desirable sometimes to produce one of these effects and at other times the other effect. Both have their uses, especially in supplementing the pneumatic cabinet. Will Drs. Herbert F. Williams and Benjamin F. Westbrook, of Brooklyn, work up this suggestion in connection with their cabinet patients? For increasing the intra-thoracic pressure, employ, for instance, the exercises shown in Fig. 1, and to diminish this pressure employ those shown in Figs. 2, 3, and 4.

The movements for changing the intra-thoracic pressure may be multiplied, but to state these is not my object at present. This note serves mainly to point a way. Details must be left to circumstances, as, for instance, mechanical facilities for exercise (apparatus, etc.), anatomical knowledge of the prescribing physician, and his mechanical ingenuity. Care must be taken to begin gradually and with very light work. It takes but little work to cause soreness the next day, and this must be carefully avoided in sick and feeble persons.

It must not be forgotten—as is so commonly done—that chest-girth is no reliable index of lung capacity, because large pectorals, especially while contracted, make a difference of several inches as compared with the girth of a chest just as large in a person with very thin and flabby pectorals; in fact, I have satisfied myself in several instances that increased girth of chest was accompanied by actual contraction of the chest itself. In these instances, the increase was due to muscular development.

My next paper will deal with the heart in relation to "shortness of breath," and the remedy.

129 S. Thirty-sixth Street.

CORNEAL TRANSPLANTATION.

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In engrafting the cornea of the rabbit into that of the living subject with preservation of transparency of corneal tissue, Professor Von Hippel has achieved results little dreamed of by Deiffenbach, who in 1824 first experimented unsuccessfully in transplanting sections of cornea in rabbits. In THE MEDICAL AND SURGICAL REPORTER, October 11, 1887, a letter is published in which the writer gives the details of Von Hippel's now celebrated operation, having had the opportunity of making a thorough examination of his patient nearly a year after he performed the operation. Without going into a history of keratoplasty, which has been exhaustively reviewed by Dr. August Wagermann, of Göttingen, in *Graefe's Archives*, vol. XXXIV, bd. I, 1888, I will at once give the history of a case, the details of the operation, and the result of that operation.

Mrs. Mathilda Schick, age nineteen, of 474 North Fourth Street, Philadelphia, came under my observation in January of this year, suffering with opacities of both corneæ: sequelæ of a pronounced keratitis. In the right eye, the parenchymatous opacities extended throughout the entire corneal tissue to within one mm. of the corneo-scleral margin—its greatest density being in the centre opposite the pupil. Vision, *nil;* light perception and projection good, but movements of the hand not recognized. The left eye was in like manner affected, but the corneal infiltration was not so dense, nor as extended. The vision in this eye was practically useless.

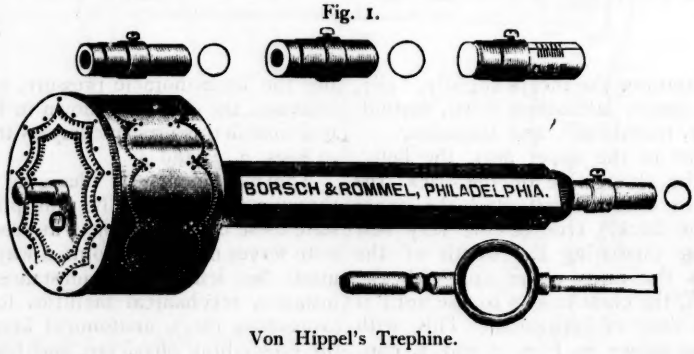
The general history of the case prior to the attack of keratitis which resulted in the loss of vision is irrelevant; she enjoyed good health, and was free from hereditary taint.

DETAILS OF THE OPERATION:

Anticipating a major operation on an eye, the patient is placed on preliminary treatment, which consists of doses of hydrarg. bichlorid. just beyond its tonic effect. The nasal passages are examined, and antiseptic precautions are always instituted.

Professor Von Hippel's trephine is a very simple but ingenious instrument. The trephine is driven by a spring which is allowed to escape by gently pressing a small button placed in a convenient position on the top of the case enclosing the spring movement. The trephine is screwed to a bar which is attached to the spring lever—this is enclosed. The circular knife or trephine has its cutting edge guarded by a circular band or collar which graduates its cutting depth. The spring is wound by a key.

Fig. 1.



Von Hippel's Trephine.

The eye of the patient is thoroughly cocainized, and the eyelids separated with an ophthalmostat. The cutting edge of the trephine is then brought in juxtaposition

with the cornea, perpendicular to its plane, the button on the top of the instrument touched, allowing the escapement of the spring which drives the trephine, making a circular incision to the necessary depth. After the circular incision is made, comes the most important step in the operation, *i.e.*, the dissection of the leucomatous tissue from the membrane of Descemet. This is done by grasping the inner lip of the incised tissue with a delicate forceps, then with great care and delicacy of touch removing the obstructing tissue. A knife shaped after Beer's model was the best instrument which suggested itself after many trials in preliminary experiments.

The rabbit selected from which to obtain the graft is usually about six months old. Von Hippel usually selects a doe. The eye of the rabbit, which is now under cocaine, is thoroughly washed with an antiseptic fluid, the eyelids separated by a speculum, and the eye-ball drawn forward by an assistant. Two strabismus-hooks, inserted under the superior and inferior recti muscles, answer best. By

Fig. 2.

1. Graft. 2. Cornea.

drawing the globe forward, the trephine may be guarded more carefully in its incision, which is made through cornea and Descemet's membrane. The graft is then inserted in the cornea of the patient, being pushed into place by a delicate wire probe passing through the trephine. After the graft is fixed firmly in place, the upper eyelid is drawn forward and downward, all being securely held in place by a pressure bandage, delicately adjusted. After three days, the bandages are removed and the eye examined.

In the case now reported, the graft was slightly hazy at this time, which Von Hippel finds to be the rule; while, if the edges of the graft have remained in place, growth will take place.

From day to day, the eye was carefully examined. After the sixth day, there was no change in the slightly hazy condition of the graft; but, as anticipated, the cornea surrounding the graft from the first day of examination (third after the operation) took upon itself healthy inflammation, thereby giving nourishment to the graft. Very little pain followed the operation, and at no subsequent time was it found necessary to give an opiate. There was no rise in temperature. The process of healing was uninterrupted.

But once up to present writing has there been any untoward symptom—then, owing to a nervous shock, a sudden keratitis developed, which was promptly checked by antiphlogistic measures administered by my friend, Dr. Heyl, who was called in consultation by my assistant, Dr. Motter, during my absence from the city at that time.

The operation was performed at the Germantown Hospital, April 29, 1888, in presence of the hospital staff.

At present writing, July 2, the case presents the following conditions. Right eye: Union of graft perfect, its integrity preserved, and covered with corneal epithelium; transparency of graft progressing—central vision increased to counting fingers to four

Fig. 3.

1. Descemet's membrane. 2. Cornea.

feet; able to attend to personal wants and go about alone in safety; color-perception keen. The restoration of transparency in the graft has not been general, but stellate, *i.e.*, certain segments began clearing; the centre of the graft is the last to show improvement. In looking across the apex of the cornea, one is able to look into the transplanted tissue, proving a clearing down to the middle layers of the graft. If this process of change continue—and we have every reason to believe it will—we shall have the same result that Von Hippel obtained. The cornea surrounding the graft has recently begun to clear, which may become more and more extended, leaving only a narrow circle of connective tissue between graft and cornea.

To Drs. Kimmell and Cameron, house surgeons at the hospital, I am indebted for their valuable assistance at the operation, and the subsequent attention they gave the patient in carrying out the tedious details of the after-treatment.

In the *Ophthalmic Review* for June, just received, I find Priestley Smith publishes an abstract of the article of Wagermann mentioned above. To physicians who are not conversant with the German language, and who wish to obtain the fullest and clearest description of Von Hippel's experiments yet published, I would recommend the abstract of Priestley.

1304 Walnut St.

TREATMENT OF SNAKE-BITES.

BY WILLIAM R. D. BLACKWOOD, M.D.,
PHILADELPHIA.

In an editorial in the REPORTER for June 9, reference is made to the treatment by alcohol of snake-bites, in which it is stated that "profound and continued intoxication" was instituted in a New York hospital, and reference was also made to the use of permanganate of potassium in the lesion considered. During my service in the army after the war—and in two cases during the war—I had an unusual number of snake-bites to treat, and I have further hunted up all available records upon which reliance could safely be placed. The result of my studies is that alcohol *is* a certain antidote, and that the so-called chemical antidotes are of *no service whatever!* Of all remedies, the permanganate appears to be the poorest. I believe it criminal to trifle with life when a rattlesnake or a cotton-mouth has done the business for the patient, for the administration of either that or ammonia simply wastes valuable time. Everything depends on getting the patient under the influence of alcohol at the earliest possible moment, but intoxication *is to be avoided* in my opinion.

In my own cases, the pulse was the guide—when it flagged, alcohol was given in a dose sufficient to bring it up, and, the sooner the case was taken in hand, the less the dose. I generally used "apple-jack," because in Alabama and Georgia, where most of the cases occurred, that beverage was most readily accessible; and it was, moreover, a better article than new whiskey, which, not being rectified or tinkered with *secundum artem* by the trade, contained too much fusel oil to be good for the patient in his convalescence. In saying this, I do not mean that he had to go through the usual nausea and headache succeeding a debauch, for in my cases the sufferer could not, in strict language, be said to be drunk at any time; but those physicians who know the effect of large doses of raw corn whiskey can testify to the wretched disturbance of the nervous system due to the amylic alcohol therein contained. I was at a loss, for a time, in accounting for the frequent convulsions amongst soldiers during the reconstruction era, in those who went on sprees after pay-day, until I detected the nature of the liquor consumed. It is essential, therefore, that good whiskey be used.

Another point is the reference to Dr. Mitchell's opinion that "seven-eighths of all persons bitten by rattlesnakes recover." If he means that the percentage of dangerous bites runs in that ratio without treatment, he had better not get bitten himself. From what I know of the subject—and I have collected a large number of presumably authentic reports—I believe that, aside from thorough treatment by alcohol, seven-eighths of all cases bitten by the *crotalus horridus* of over three years old will *die*, and the *toxicophis piscivorous* is worse, for its bite is fatal at an earlier age. I know of a case in which a cotton-mouth two years old killed a man who had energetic treatment by permanganate, ammonia, caustics, cupping over the wound, and split-chicken poultices. The doctor who reported the instance to me was a tee-totaler, which was a bad thing for the patient.

Most snakes with us are non-poisonous, and the rustling of the grass, &c., under the escape of the reptile after its attack is taken for the music of a rattler by the frightened victim or onlookers. Of course, many escape thus, and the results of experiments in the laboratory on rabbits possess no value whatever concerning man's relation to snake-bites. I have, in a paper entitled "As to Snake-bites," in the *Medical Register* of March 24 last, more fully stated my views on this subject; but, to avail myself of the large circulation of the REPORTER, I write, hoping to enlist the good sense of those who are called on to treat snake-bites by going at the matter promptly and decidedly. Don't "proceed to operate" or "exhibit" an antidote—GIVE the patient alcohol in some form in plenty, but don't make him drunk unless you can't help it.

246 North Twentieth Street.

—Dr. Thomas J. Mays has been selected to deliver the address before the Lehigh Valley Medical Association at its next annual meeting, at the Paxinosa Inn, Easton, Pa., August 15, 1888. His subject will be: "The Treatment of Lung Cavities."

PROFESSIONAL PREJUDICE.[1]

By RICHARD J. LEVIS, M.D.,
PHILADELPHIA.

Prejudice has done more to maintain and perpetuate error than any other cause.

Prejudice has been defined as a notion or opinion which the mind entertains without knowing the grounds and reason of it, and which is assented to without examination. There was a time in the past when we were obliged to rely on foreign surgical books, but the development of American surgical works is so satisfactory, and the future of American surgical literature seems so assured, that it is entitled to our almost exclusive patronage. American surgical literature has made its impress on the entire surgical world.

Our systematic works on surgery are not exceeded in merit for general adoption as the leading text-books for all of our medical schools. With the excellent works on special departments, as gynecic, ophthalmic, and oral surgery, and the monographs on fractures and dislocations and genito-urinary surgery, we would not suffer nor fall behind if nothing on these subjects were ever brought from abroad. Still we erroneously encourage the reprinting of English books, and it continues to be a paying business to publishers. The absence of copyright enables them to publish unfairly without compensation to foreign authors, and thus they can undersell the works for which Americans are paid. In disregard of a sense of right and justice to the profession and to the community, this traditional error continues.

We are now possessed of such meritorious text-books of general surgery that it is no longer necessary that our medical colleges should recommend works of foreign origin. But this is done to a great extent, and quite frequently it is evident that a marked prominence or preference is given to the foreign text-books. I have examined the annual announcements of seventy-two American regular medical colleges, and find that there are in all one hundred and fifty-seven recommendations of American works and one hundred and eighty-six of foreign authorship. The single well-known surgical text-book receiving the greatest number of faculty recommendations is of English origin.

The inference from this traditional error of preference for foreign works must be the conclusion that many of the faculties of the schools are influenced by either an honest conviction of the inferior character of the works of American origin, or else by a spirit of dishonorable jealousy of our own countrymen, of high renown as authors, or of the colleges with which some of them are associated.

The science of surgery is based on ascertained truths, and we need less of theories and systems—not what is thought or supposed, but what is observed and found to be fact. Much error is transmitted and becomes traditional from the lack of systematic records of observation in hospitals and by private practitioners. It is but recently that some of the largest general hospitals of the country have begun even the most simple records of surgical cases. The recording is usually done by the resident surgeons, who are young and inexperienced, and the records receive little, if any, supervision from the attending surgeons, who are chief in authority in the wards. From the hundreds of thousands of patients admitted to the various hospitals of our country, the results to surgical literature by records from practical experience are extremely meagre. The records of the experience of individual practitioners, of intelligent and trained minds, would be a gain to surgical progress, and tend to avoid the transmission of traditional errors. From practitioners in regions far away from medical centres, in such locations as are abroad styled provincial, have originated some of the most valuable practical discoveries and advances. There may be instanced the discovery of vaccination, in rural England, by Jenner; the origin of ovariotomy, by McDowell, in what was then a frontier region of Kentucky, and its development by Atlee, in Lancaster County, Pennsylvania; and the very beginning of practical gynecology, by Marion Sims, in the obscurity of Northern Alabama. It is said that the ploughman, tilling the fields of the western slope of our continent, who keeps his eyes intently on the furrow, may occasionally find nuggets of gold; and so the faithful toiler amidst human ills is liable to unearth jewels of fact, which, garnered and recorded, will add to the wealth of surgical knowledge.

Few of the advances of civilization have been made without meeting the obstacle and opposition of prejudice. The early histories of Harvey, Jenner, Morton, and Lister are the records of struggles and suffering under professional contumely and vicious opposition. Dr. Morton, to whom the world is

[1] Extract from the Presidential Address, on The Traditional Errors of Surgery, at Thirty-ninth Session of the Medical Society of the State of Pennsylvania.

indebted for practical anæsthesia, went early from this life, without either proper award of honor due him or even reimbursement for the outlay of his entire fortune by time and labor spent in introducing his discovery. Practical anæsthesia commenced with its production by Morton with sulphuric ether. It was a more original discovery than was vaccination by Jenner, who admitted that he had learned from the country people that those who had become accidentally inoculated with virus from the cow were thereby rendered secure from smallpox. Time, which "at last sets all things even," will write on an immortal tablet the name of Morton: "Death opens the gate of fame, and shuts the gate of envy after it."

As an illustration of the spirit of prejudice against Morton's introduction of anæsthesia by sulphuric ether, and of its slow adoption by surgeons, I quote from the *Medical Examiner*, of this city, in the year 1846:

"We should not consider it entitled to the least notice, but that we perceive, by the *Boston Medical and Surgical Journal*, that prominent members of the profession in that city have been caught in its meshes. We are persuaded that the surgeons of Philadelphia will not be seduced from the high professional path of duty into the quagmire of quackery by this will-o'-the-wisp. We cannot close these remarks without again expressing our deep mortification and regret that the eminent men who have so long adorned the profession in Boston should have consented for a moment to set so bad an example to their younger brethren, as we conceive them to have done in this instance. If such things are to be sanctioned by the profession, there is little need of reform-conventions or any other efforts to elevate the professional character. Physicians and quacks will soon constitute one fraternity."

The editor of *The Annalist* said:

"The last special wonder has already arrived at the natural term of its existence, and the interest created by its first advent has, in a great measure, subsided. It has descended to the bottom of that great abyss which has already engulphed so many of its predecessor novelties, but which continues, alas! to gape, until a humbug yet more prime shall be thrown into it."

The New York Journal of Medicine said:

"We are sorry to see many of our brethren, at home and abroad, stooping from the exalted position they occupy in the profession to hold intercourse with, and become the abettors of, quackery in any form. Such doings are certainly contrary to the ethics of the profession, and should not be tolerated for a moment in any one."

The Medical and Surgical Journal, of New Orleans, offered the following sentiment:

"That the leading surgeons of Boston could be captivated by *such an invention as this*, heralded to the world under such auspices and upon *such* evidences of utility and safety as are presented by Dr. Bigelow, excites our amazement. Why, *mesmerism*, which is repudiated by the *savans* of Boston, has done a thousand times greater wonders, and without any of the dangers here threatened."

Such extracts illustrate definition of prejudice. The animus was not that of "honest doubt," but of vicious opposition and jealousy. "But even the right comes uppermost," and as early as 1847 Oliver Wendell Holmes, who created the word anæsthesia, wrote:

"Nature herself is working out the primal curse which doomed the tenderest of her creatures to the sharpest of her trials, but the fierce extremity of suffering has been steeped in the waters of forgetfulness, and the deepest furrow in the knotted brow of agony has been smoothed forever."

There is no sadder or more painful story of traditional error, due, for the most part, to obstinately held preconceived opinions, than that of the opposition to and the long probationary trial of ovariotomy.

The practical establishment of ovariotomy is due to one of my honored predecessors in this Presidency, Dr. John L. Atlee, of Lancaster, seconded by his younger brother, Dr. Washington L. Atlee, of this city.

The single precedent of McDowell probably had little, if any, influence on these pioneer surgeons, who, by long-continued patient labor, bearing the brunt of professional opposition and obloquy, demonstrated the value of the operation. The early triumph of ovariotomy is due to the labors, trials, and sufferings of the Atlee brothers.

In an address by Dr. Washington L. Atlee, about thirteen years ago, he said:

"As, during the probationary stage of ovariotomy, I was under the ban of the profession and had to suffer from unjust obloquy, I hope that I may be pardoned in any honest manifestations of triumph since the curse has been removed."

. . . . "Ovariotomy was everywhere decried. It was denounced by the general profession, in the medical societies, in all the medical colleges, and even discouraged by the majority of my own colleagues. I was misrepresented before the medical public, and was pointed at as a dangerous man, even as a murderer. The opposition went so far that a celebrated professor—a popular teacher and captivating writer—in his published lectures invoked the law to arrest me in the performance of this operation."

. . . . "What is most remarkable, the strongest opposition came from those who had never seen the operation, who would not consent to see it, and who consequently knew nothing about it."

"At the opening of the session, 1844–'45, of Jefferson Medical College, Professor Thomas D. Mütter, in his introductory address, used these expressive words: 'A distinguished philosopher has classed man among the most cruel of all animals. . . . . Certain it is that some of our operations may be considered as supporting, to a limited degree, the charge made against our race; and there is none in the whole domain of surgery better calculated to

elicit, even among the profession, a more profound sensation of horror, or better deserves the epithet of cruel, than one recently introduced into practice; and, were we not convinced that nothing but a fervent desire to relieve a suffering mortal could induce a surgeon to undertake its performance, we should at once look upon its author as a being destitute of either sympathy or compassion, and richly deserving the detestation of his fellow-men. The operation to which I refer is that for the removal of ovarian tumors!'"

. . . . "Professor Charles D. Meigs thus emphatically expressed himself: 'I detest all abdominal surgery.' 'I am free to say that I look upon all operations for the extirpation of the diseased ovary as not to be justified by the most fortunate issue in any ratio whatever of the cases.' 'Dr. Atlee's coolness in cutting open a woman's belly does not, I think, entitle him to judge more clearly than I, as to the morals of such surgery. . . Dr. Atlee likes ovarian operations; on the contrary, I detest them, and should be glad to see them prevented by statute.'

. . . . I should be glad if you would look over the statistics of ovariotomy to discover how many bellies have been ripped up by the surgeons in the expectation of having the blessed satisfaction and *praise* of curing a tumor. Suppose a surgeon to open a woman's belly to extirpate an ovary; that he finds no ovary there; that he then sews up the gash; and next, that she dies! What should the attorney-general say? 'It would scarcely be unfair to say, of all the fatal results of operation for extirpation of the ovary, that the patient is compelled to render her soul to God, and her carcass to the surgeon.'"

We have, in the soulful devotion of the Atlee brothers to ovariotomy, the material of a homily, with the text from Solomon: "Love is strong as death; jealousy is cruel as the grave."

I cannot conclude this sad subject of the struggles and triumphs of ovariotomy better than by again quoting Dr. Washington L. Atlee's own words:

"The history affords a moral to all young men who are cultivating the fields of science and humanity. In all the battles of professional life, let them weigh well their foundation of action, think for themselves rather than follow doubtful authority, cultivate a pure conscience, adhere strictly to professional and moral rectitude, sacrifice self on the altar of humanity, allow no personal considerations to outweigh their obligations to their patients, and turn neither to the right nor to the left, while in the path of duty, when professional storms assail them. Then, even should they err at times, they will pass through the fire purified, though the whole world may have been armed against them."

—The *Weekly Abstract of Sanitary Reports*, July 13, 1888, says that the following information was received from Plant City, Florida, under date of July 10: "Only about thirty persons in the place who have not had fever. Five new cases reported to-day. Total population, 200. Most of the unacclimated move out. Guard around place to prevent communication."

SOCIETY REPORTS.

NEW YORK ACADEMY OF MEDICINE.

SECTION IN PÆDIATRICS.

Stated Meeting, June 27, 1888.

J. LEWIS SMITH, M.D., Chairman.

Before introducing the essayists of the evening, the Chairman stated that the importance of the subject which they would discuss was made evident by the number of deaths (two thousand) which took place annually from summer diarrhœa in New York City. It was the dreaded disease of the hot months.

DR. A. JACOBI then read his paper, entitled

Remarks on Summer Complaint,

which were directed more especially toward defining the term. He regarded summer complaint as a clinical entity, so to speak, and not a pathological entity. He made that point because, he said, it had become the custom to so shape our ideas regarding the pathology of this disease, and indeed of diseases generally, as to assume that there was but one cause for a large number of maladies. But this, from the clinical standpoint, he thought, was decidedly wrong. The very fact that a large number of bacteria had been discovered, and that a few diseases had been traced to a single bacterium, had led to the assumption that nearly all infectious diseases, and some others, are due to such a cause. This assumption he regarded as probably true in many cases, and it was desirable that it should be so; but he thought physicians had drifted too far with that current. We were inclined, he said, to believe that such diseases as diphtheria, scarlet fever, and so on, are due to invasion of the system by certain bacteria. He said 'we were inclined to believe it,' but it has not yet been proved; yet it was possible, it was probable, it was even desirable. It would facilitate the study of pathology a great deal, if it were proved. But imagine, he said, one asserting that there could be no inflammatory disease of the respiratory organs without a pneumococcus; that pneumonia, under all circumstances, meant a coccus disease. This would certainly be a mistake. The same, he thought, is true of summer complaint. Different forms of inflammation and ulcerations in the intestinal tract give rise to the same clinical symptoms. While it is true there is a form of intestinal inflammation which appears to be due to the

formation of bacteria, yet, when speaking of summer complaint, physicians often have in mind a number of diseases which have the same symptoms; symptoms which do not belong to one and the same anatomical lesion.

A question which is constantly recurring is: whether or not heat by itself is a sufficient cause of diarrhœa. This direct effect of heat had been denied before the Academy only a short time ago by Dr. Seibert, and the questions of fermentation and bacteria had come to monopolize attention to such an extent as to exclude from vision any other etiological factor.

Dr. Jacobi holds that diarrhœa may be produced by the influence of heat alone, and thinks that not unfrequently such cases are among the most severe. Diarrhœa sometimes occurs during sunstroke in the adult. Why solar heat should act on the brain alone, and not on other parts of the nervous system, he regarded as inexplicable. Infants brought up on good mother's-milk should never, according to the bacterial theory, have diarrhœa, yet we know that heat affects them in the following ways: it produces convulsions; it produces convulsions and diarrhœa; it produces diarrhœa. At any age, diarrhœa from neurotic causes is frequent enough. It can be produced by dividing the mesenteric nerve. The center for this paralytic diarrhœa is, he thinks, in the medulla oblongata.

Dietetic Management of the Summer Diarrhœa of Infants.

Dr. A. V. Meigs, of Philadelphia, read a paper on this subject. He first described what he regarded as proper dietetic management of the complaint, and then gave his reasons for it. When called upon to treat a case, the first question which the physician should ask is: What food has the child been taking? If it is being nursed, the physician should be very careful about ordering a change; it should be done only in case he is convinced that the diet is the cause of the complaint. Even in cases of acute cholera infantum, he could hardly convince himself that it was well to take the infant from the breast if it was previously healthy and the mother's health was also good.

The child becomes thirsty, and should be given water. If this is given instead of milk between the stated periods for feeding, the system would receive what it needed and nothing more. He thought stimulants were more nearly allied to dietetics than to therapeutics, and would say that he regarded stimulation as important in cases of summer diarrhœa. A teaspoonful of brandy might be put into a glass of drinking-water, or the child might receive thirty drops in sweetened water every two hours.

If the mother's milk is in any way faulty, nursing must at once be stopped. In some cases, half an ounce of beef-juice with a pinch of salt will be of benefit. But the best food for infants, after the mother's milk, is cow's milk, and the question of artificial feeding in health and in disease hinged, he said, largely on its method of use. He was unable to accept the view that the best treatment of summer diarrhœa and acute cholera infantum is to stop all milk and put the child on meat-broths. Cow's milk contains too much caseine and must be diluted; it did not contain a sufficient amount of sugar, and must be sweetened; it was acid, and had to be rendered alkaline; when diluted, it should have an additional amount of the fatty elements added. The milk should be absolutely untainted when used. By clinical experience he had found that cow's milk to which had been added cream, sugar, and lime-water, gave good results; and, when by chemical analysis he had found that such a mixture contains the same constituents in almost exactly the same proportion as human milk, he had become entirely convinced of the value of this food. Since writing his book, he has further studied the subject, and has settled upon the following method of preparing the milk: he takes one quart of cow's milk, puts it into a tall narrow pitcher; after it had stood three hours, the upper pint is poured off. This contains the greater part of the fat, the cream. When the child is to be fed, he mixes together two ounces of this, three of lime-water, and three of sugar-water. If the infant is quite young, only two to four ounces will be needed at each feeding, and only that much should be prepared. The general directions, he said, are the same as for feeding a healthy child. In infants in health, it is very important to take a lesson from nature, and not increase the strength of the food before the sixth month or twelfth month, and in cases of summer diarrhœa this is absolutely essential. While he regards this as in most cases the best food, he varies it in many ways to meet the needs of different cases. Of the four things necessary to make cow's milk suitable for children with diarrhœa, addition of cream, sugar, and lime-water, the least essential probably is the use of milk-sugar. Occasionally it becomes advisable to use cane-sugar in diarrhœa. The

addition of some starchy material, he thinks, is of great advantage in many cases. One of the best is arrowroot; and the old method of boiling flour in a sack, he says, is excellent. Dr. Meigs recommended Mellin's food, which should be given in the proportion of a teaspoonful to four ounces of whatever milk food is being used. In some cases, excellent results had been obtained by taking away all milk and administering animal broths alone, although in his experience this is only exceptionally the case. Children commonly soon refuse their food, if given broths alone.

He regards it as very important to give particular directions as to how often the infant should be fed and the quantity of food to be taken. He believes the best results are obtained by not making much change in the frequency of feeding in mild cases; for young infants, feed every two or three hours, and, for those of six months, feed five or six times in the twenty-four hours. In severe cases, on the contrary, his rule is to give a small quantity of food, half an ounce to three ounces, every two hours. If the case is critical, collapse threatening, stimulants will be more to the purpose. One should not change the food too soon because the patient fails to grow better immediately.

Dr. Meigs thought the time was not yet ripe for unqualified acceptance of the action of bacteria or chemical poisons in the causation of all cases of summer diarrhœa, and of basing the treatment and feeding on this view alone. There are too many reasons, he said, some of them strong ones, pointing the other way. Especially should the physician not permit this view to lead to the substitution of an exclusively animal diet in every case.

A Clinical Study of the Etiology and Treatment of the Summer Diarrhœa of Infants.

Dr. Simon Baruch read a paper with this title. He believes now that the summer diarrhœa of infants is due chiefly, though not solely, to the influence of micro-organisms. Certainly the theories heretofore held regarding its etiology are faulty. Unsanitary conditions, artificial feeding, and over-heat can not now be regarded as more than predisposing elements. He had found summer diarrhœa as fatal in the pine forests of Georgia as in the tenements of New York. That the disease is not due alone to artificial feeding, he thought was proved by the fact that very few children died of diarrhœa in the winter, although they were then fed the same as in the summer. High atmospheric temperature, he said, doubtless exercised an important influence in the production of summer diarrhœa. While unsanitary conditions, artificial feeding, and excessive heat act in unison in the production of summer diarrhœa, yet he believes their *modus operandi* is generally misunderstood. He said he was convinced that the kind of food would be of less importance if we could prevent the entrance of micro-organisms into its preparation. Human milk he regards as the best, and largely because when taken it is free from unwholesome conditions. Cow's milk is next best, and it should be kept as clean as possible. He suggested that the goat might be tamed from the earliest months, so that by some mechanical device the babe might draw its milk directly from the teat. In order to sterilize milk with heat, it must be boiled under pressure; raising it to a temperature of 212° F., he said, would not effect the purpose.

Dr. Baruch next discussed the hygienic management of the patient, and dwelt somewhat on the advantage to be derived from sponging the body, and from the use of cold water to reduce temperature. The external surface might be clammy and cold to the touch, yet in such cases, he said, it would often be found that the temperature, when taken in the rectum, is considerably elevated, perhaps even to 106°, and the cold bath would be of benefit. He thinks it advisable to cleanse the infant's mouth with a solution of boracic acid. The nipple should be kept clean.

In the treatment, he sought to remove or diminish the bacterial supply, to neutralize their effect, to remove them from the alimentary tract, to meet the exhaustion and other effects of the diarrhœa. Regarding an exclusively meat diet, he said he was not aware that there are any number of physicians who are accustomed to order it. He did not think it necessary, at least for a longer time than a day. He usually gave it with something else. Much benefit will often be derived from total abstention from food for a few hours. He employs with benefit washing out the bowel through a rubber tube. If the patient lies on its belly across the nurse's lap, overdistention will be obviated. He said he did not expect any decided results from the internal administration of antiseptics. He now has little confidence in astringents, which he formerly used extensively. After all materials had been removed from the intestinal tract,

he regarded opium as of benefit in allaying irritation, but hitherto it had been used too indiscriminately. Alcoholics, he thinks, are a valuable aid.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, June 13, 1888.

The President, J. SOLIS-COHEN, M.D., in the Chair.

DR. J. H. W. CHESTNUT read the

Report of a Case of Ovariotomy.

Under the benign influence of antiseptics, the recent progress of abdominal surgery has been so remarkable, and the number of ovariotomies has been so considerable, that this case is reported, not because of special characteristics, but rather as a further demonstration or exemplification that the operation in question has been removed from the border-land of doubt, and has become one of those which the general practitioner who does surgical work may, under proper circumstances, essay to perform.

On November 10, 1887, Mrs. J., æt. thirty-seven years—a small woman, weighing one hundred pounds; the mother of two children, the younger six years old—consulted me in reference to an abdominal enlargement which occasioned her uneasiness. Her periodical sickness was regular but scanty. She had nausea, and was much distressed by frequent, and at times ineffectual, efforts at micturition.

A careful examination of her abdomen by palpation revealed a tumor about the size of a large apple, which inclined from the left to the middle and seemed to be solid. A vaginal examination gave a movable womb, a firm os and conjoined manipulation assured me that the case was not one of pregnancy. The uterine sound was used and gave a measurement of 2.7.

Under the impression that the nausea and irritation of the bladder were due to pressure, a supporting-bandage was ordered, and small doses of thymol (gr. 1-5) and ext. belladonna (gr. 1-20) were prescribed. On November 20, I saw the case again. The general abdominal swelling had materially increased, the special tumor was larger, but the nausea and the difficulty of urination were less. After a second examination, it seemed clear that the tumor was ovarian, but, in the belief that, under the circumstances, operative measures were not for the time demanded, it was determined to try the efficacy of medicinal treatment, as recommended by Courty, who cites two well-marked cases of recovery. Chloride of gold and sodium, iron in various forms, iodide of sodium, iodide of potassium, and arsenic were given internally; to these were added inunctions of iodide of lead, iodide of potash, belladonna, and graduated pressure by rubber bandages. These efforts were successively tried without success; in fact, I am disposed to believe that the methods pursued were rather injurious generally than otherwise.

The tumor enlarged rapidly, and the general health of the patient depreciated. On December 6, she had a violent chill, ushering in a peritonitis of grave severity, accompanied by great dyspnœa. The peritonitis finally yielded to a large blister, 8 x 8 inches, and the internal administration of calomel and opium. After the subsidence of the acute inflammatory symptoms, a persistent nausea, with occasional attacks of diarrhœa, protracted the convalescence. She was able to go about the house by the middle of January, 1888; but was rarely without dragging abdominal pains, was unable to sleep well, had frequent attacks of dyspnœa, and, in consequence of impaired digestion, as well as because of the inroads made on her vitality by the growing cyst, her emaciation became marked. On several occasions, a suppression of urine, due to pressure on the ureters or on the kidneys, was a serious complication. Dry cups to the lumbar region and along the groin, followed by hot mush poultices, were effectual in relieving the condition. She declined an operation.

On March 3, a second attack of peritonitis threatened to terminate the case; it was treated by anointing the now large abdomen with oleate of mercury and extract of belladonna, one drachm of the latter to one ounce of the former, and by full doses of opium by the stomach. The patient was able to leave her bed in ten days and agreed to an operation for removal at the earliest practicable time. The preparatory treatment consisted in the administration of syrup of the iodide of iron, the use of Murdock's liquid food, meat-juice, milk, and milk punch, in addition to such table-food as she could take. Her digestion was assisted by pepsin in acid solution. The whole body was well rubbed once daily at bedtime with a mixture of sweet oil and whiskey, and her belly was anointed once a day with belladonna ointment, which, at least, was a source of great comfort. The bowels, which had become torpid, were regulated by drachm doses of extract of cascara sagrada,

supplemented by an occasional enema. The sluggish kidneys were stimulated by dry cupping and by small doses of digitalis, which also exerted a favorable influence on the shortness of breath.

The determination of a limit of necessary endurance may have by some psychological influence stimulated the vitality and so seconded the nursing and feeding that the general condition materially improved without cessation in the progress of the cyst or favorable change as to emaciation. April 11 was the time fixed for the removal of the cyst; the abdomen was then larger than it should have been in a pregnancy at full term; fluctuation could be elicited, but was not so marked as the distended abdomen would have suggested; the face, neck, chest, and limbs were very thin; and the skin, notwithstanding its sedulous care, was somewhat harsh. The direct preparations were simple. On the 9th, her room was cleaned and lime-washed, and all furniture save the single bed removed. A solution of carbolic acid was kept simmering on the stove. On the morning of the 10th, a glass of hot lemonade with a teaspoonful of heavy magnesia was given, fasting, and in the afternoon she had a dose of castor oil, followed, after several free evacuations, by one grain of opium. On the morning of the 11th, she was well washed, had a bowl of boiled milk for her breakfast, and at eleven o'clock a tablespoonful of brandy and thirty drops of tincture of opium.

The antiseptic measures were a solution of bichloride of mercury, 1 to 2000, used to wash the abdomen; two pounds of a 95 per cent. solution of pure carbolic acid, from which dilutions were made—1 to 30 for instruments and sponges, and 1 to 40 for use within the abdominal cavity; a solution of thymol, 1 to 1000, used to spray the abdomen before closing; and some finely-powdered iodoform, with a good supply of salicylated cotton.

The kitchen table and a backless chair completed the arrangements. After the patient was under the influence of the ether, my friends, Dr. A. H. Hulshizer, Dr. W. H. Hech, and Dr. William C. McFetridge, entered the room. Dr. Hech assumed charge of the ether, Dr. Hulshizer assisted me throughout the operation, and Dr. McFetridge took charge of the antiseptic solutions, gave the hypodermic injections hereafter mentioned, and had the care of hot bottles, etc.

The abdomen was well washed with the bichloride solution. After making the usual incision of about three inches through the abdominal walls, opening the peritoneum, and pushing aside a fold of omentum, the wall of the cyst was seen. As was expected, a sound introduced between the cyst-wall and the peritoneum revealed extensive adhesions, and the incision was at once enlarged to about six inches. Such of the adhesions as would not yield to the finger—and they were many—were tied with carbolized catgut ligatures and cut close to the cyst. Even after all adhesions within reach had been severed, the tumor seemed barely movable. It was evident that the walls were thick and fleshy in parts, and that the contents of some of the divisions were at least semi-solid. A trocar and canula with angular attachment for gum hose was plunged into the most prominent and apparently the largest division low down. After approximating the wall of the cyst to the canula as closely as possible, about a bucketful of thick brown fluid was run off; when the liquid ceased to flow, the sac was pulled out of the cavity as far as possible, a ligature thrown around the opening and tied. The evacuation of and traction upon this cyst enabled me to reach deeper adhesions which were treated as before, and then a second cyst or cystic division was emptied by the canula. I was then able by persistent manipulation and the severing of other adhesions to eventrate the mass; the pedicle was pierced by a small flat needle carrying a double carbolized silk thread; each half was tied separately and the ends of the thread brought around the body of the pedicle and tied again. The pedicle was cut about three-quarters of an inch from the ligature; it was well washed, dried, and dropped into its bed.

There remained to see that no oozing occurred, to clean and to close the abdominal cavity. There was almost no oozing. The cavity was carefully sponged out, and an almost hot spray of the thymol solution was thrown in, the folds of omentum which had been wrapped in a hot napkin—occasionally changed—were replaced, and the wound was closed by eight silver sutures, each enclosing the peritoneum. Over the line of incision a moist piece of lint, spread with iodoform, was placed and held in place by three broad strips of adhesive plaster, then a pad of salicylated cotton, and over all a bandage of double flannel. The bladder was emptied and the patient put in bed.

During the operation, an hypodermic injection of sulphate of atropia in a drachm of whiskey was given once when the respira-

tion became alarmingly feeble, and another of a drachm of whiskey alone was given at the conclusion of the operation.

I may note a little misadventure that afterward proved troublesome. One of the hot bottles placed at the patient's side, to maintain heat, must have slipped for a moment under her buttocks, and been the initial irritation of a bed-sore.

The subsequent nausea was a little obstinate. It continued during the first twenty-four hours, and yielded either to the returning vitality of the stomach or to the external application of an ice-bag and the internal administration of one-quarter of a grain of cocaine, given every three hours for four doses. The nurse was instructed in the use of the catheter, and used it for the first eight days. The diet was restricted for three days to beef-juice with brandy, and oatmeal gruel, with Apollinaris water to drink. After the fourth day, there being no nausea and no fever (the temperature was never above 100.5°), a gradual return to a generous diet was permitted. The bowels were moved on the sixth day by enema, after a dose of castor oil.

About this time, complaint was made of the bed-sore. I found it on the right buttock, with an ugly-looking slough. The slough was cut out, the cavity washed with carbolic acid solution, and filled with finely-powdered charcoal, covered with adhesive plaster. It was well washed out daily with a syringe, and refilled until it healed by granulation. This was the only untoward symptom or circumstance following the work. The bowels assumed a regular action, and the bladder, glad to be free from the unwelcome catheter, behaved better than it had done for months. With a good appetite satisfied, the continuance of the sweet oil and whiskey bath daily, and the tonic influence of hope, assured, every day, added strength to the patient. Four weeks after the operation, she went to Salem, N. J., to recuperate further, and I am advised that she is quite well.

In looking over the case, it may be questioned why I did not tap for relief. The temptation to do so was great, but, independently of the danger of the procedure, which might have been considerable, it could only defer what should be the termination of the case. Tapping could not even promise with certainty considerable relief, for the fluctuation was not very marked; it might strengthen the patient's disinclination to have the cyst removed, and it was at variance with my opposition to half-way measures after a definite conclusion had been reached. I did not weigh the mass and contents, but I was assured by the patient's husband that the fluid and solid material weighed fifty-seven pounds. After removal, the smaller divisions were opened and found to contain a semi-solid brown substance, which could be pressed out. The cyst-walls were thick and fleshy in parts, and thin and softened in other parts. My friends agreed with me that the cyst would, at no distant day, have ruptured.

Of such a work, it may be said that the gravity of possible consequences, the traditions of the past, and the preceding grave symptoms have attached to it a formidable name and an importance somewhat at variance with the simplicity of its performance and the proportion of good results. The busy practitioner has daily on his lists cases infinitely more obscure as to character, more difficult as to treatment, and less hopeful as to results.

Dr. G. G. Davis, in opening the discussion, said: I wish to take exception to the preliminary remarks of the reader, that his case demonstrates that it is right for the general practitioner to undertake this class of operations. I hold that no one should open the abdomen unless he is prepared for whatever may be found, and we know that the most experienced operators tell us that they cannot be positive, in advance of incision, of the conditions that they will meet with. It may be, as here, a very simple matter, or it may be a very serious one. Only those who have had a certain amount of preliminary training, and are prepared to follow up the operation by the most radical procedures, if necessary, should do these operations. One case cannot be considered as establishing a principle.

Dr. Goodell: There is one point I wish to call attention to in connection with this graphically detailed picture of an ovariotomy, and that is the danger of having sloughs produced by hot water, to which the author has alluded. In a case of oöphorectomy for fibroma, of which I am cognizant, the flannel in some way became probably displaced from the hot bottles, and two severe burns of the heels were caused, the recovery from which was more tedious than from the operation. One other little point: It is a mistake to introduce the trocar at the lower angle of the wound; for, as the cyst empties, it collapses and may slip off from the trocar. The rule is to introduce it at the highest angle of the wound, so that it may have room to travel down with the collapsing cyst.

DR. CHESTNUT: The case was not presented as a single one to establish a rule, but as an additional illustration to the many on record that, under antiseptic precautions and under proper circumstances, the general practitioner who has confidence enough to do surgery at all may also do an operation like the one reported.

PERISCOPE.

Tuberculous Ulceration of the Vulva.

Dr. M. Zweigbaum, of Warshan, records a case of this rare manifestation of tuberculosis in the *Berliner klin. Wochenschrift*, May 28, 1888. The patient came under his observation in 1885, but the year before had been treated for fungous ulceration of the vaginal portion of the uterus. Paquelin's cautery was used, and the patient was discharged "cured." She was thirty-two years old, and had had five children. On admission under Dr. Zweigbaum's care there was a deep painful ulcer just within the left posterior vaginal wall, forming a cavity an inch and a half long and an inch deep, together with cauliflower excrescences of the portio vaginalis. The left labium minus was almost destroyed by ulceration, and microscopic examination of a portion revealed abundant tubercle bacilli. The apex of the right lung showed obscure signs of phthisis on auscultation and percussion. The spleen was somewhat enlarged, and the patient was feverish. In five months death ensued from exhaustion, the lungs having shown further alterations. There had been purulent expectoration, and toward the end œdema of the lower limbs. Syphilis was positively excluded in this case, which was examined by several colleagues. Dr. Zweigbaum has carefully examined the literature of the subject, and finds only two cases of tuberculous ulceration of the vulva recorded (Deschamps, Chiari). Taking into account the vagina and cervix uteri, twenty-nine cases of primary disease are recorded by various observers, and a short synopsis of each case is given. The disease is by no means rare in the course of general tuberculosis, but is rare when primary. Cohnheim gives one case, Fernet four cases, of infection by coitus. Others are ascribed to examinations, or syringing by nurses who are tuberculous or much in contact with tuberculous patients. Numerous cases are recorded as having occurred immediately *post partum*. Intercourse with phthisical patients appears also to be more or less dangerous; for example, by the use of the same bedclothes, closets, or baths. Autoinfection may also occur from the sputa or feces, and thus a secondary tuberculosis may be set up. Frerichs disputes the possibility of infection from without, and argues that it takes place by conduction from the Fallopian tubes, more rarely the uterus. The stages successively occupied by infectious material are very difficult to make out, because each organ or part successively traversed may show no trace of the virus afterward, the nidus being unsuitable. We do not yet know the conditions which favor the establishment of the tuberculous process in a particular part. It is probable that certain pathological processes induce a predisposition for tuberculosis, as in the lungs. These comments of Dr. Zweigbaum on his case teach us above all the value of cleanliness, or rather the great dangers which attend its absence.—*British Med. Journal*, June 23, 1888.

Case of Intracranial Abscess.

At the meeting of the Medico-Chirurgical Society of Glasgow, April 6, 1886, Mr. Henry E. Clark reported a case of this kind. A disc of bone removed from the skull by trephining in a case of intracranial abscess was shown. The bone was very thick, and was quite devoid of diploë. It was pierced by a small opening, only large enough to admit a silver probe, through which pus had discharged before the operation. The abscess was situated at the back part of the left parietal and temporo-sphenoidal lobes, and gave rise to no motor phenomena, and only doubtful sensory ones. The patient had experienced two attacks of inflammation of the middle ear, one five years before and the second within the previous six months. About four months previous to the operation, the discharge from the ear ceased, and he then had severe headache, followed by the formation of a swelling over the posterior parietal region. This was lanced and pus evacuated, leaving a sinus, which continued to discharge at the date of the operation. On removing the disc of bone, pus freely welled up through the ragged dura mater, and on introducing a probe the cavity was found to lead down to the petrous portion of the left temporal, which was found to be eroded, but the opening into the middle ear could not be made out.

Mr. Clark drew attention (1) to the existence of a large abscess, without signs of

pressure, on the cerebral cortex; (2) to the fact that the man was a prisoner awaiting his trial for assault, and the question arose as to the possibility of the cerebral affection having something to do with the excitement under which the assault took place; and (3) to the very small opening through which the pus escaped. Mr. Clark thought it probable that the opening was accounted for by the pus having followed the course of an emissary vein placed in an abnormal position.—*Glasgow Med. Journal*, June, 1888.

Cerebellar Hemorrhage.

At the meeting of the Royal Medical and Chirurgical Society, June 12, 1888, Mr. A. Ingle (Shelford) read the notes of a case which occurred in a widow 63 years old. Ten years before she had had an attack of paralysis on the left side, from which she recovered, the only remaining defect being a slight lisp. She had been subject to bilious attacks, and had often complained of giddiness in the head. On February 12, 1888, she walked a mile to chapel, sat the service out, and afterward it was noticed she was looking unwell. She walked into the vestry, thinking one of her bilious attacks was coming on, but, feeling much worse in the course of an hour, she was helped to a neighbor's house, and soon afterwards vomited. She was put to bed, and became very drowsy. Several attacks of vomiting occurred during the day. She would mutter replies to questions, but one could get but very little information from her. She complained of no pain except headache. There was some retraction of the head; pulse 88, regular, fair volume and strength; arteries somewhat atheromatous; the first sound of the heart was not quite clear, but there was no definite murmur; the pupils were equal and active to light; no arcus senilis, no loss of power or sensation. Next day her condition was unchanged, but there was no further vomiting. On the 17th there was some loss of power in the left arm, and the urine occasionally dribbled away; the patient lay in a drowsy condition, but seemed to hear whatever was said in the room, and would occasionally interpose a remark. By the 20th the left arm was entirely paralyzed, also some muscles on the left side of the face. Two or three days later the tongue was protruded to the right. She lingered till the 27th—fifteen days from the commencement—occasionally passing for several hours into a comatose state (once for forty hours), when she would be perfectly still, taking nothing, and not being able to be roused. For the last forty-eight hours she was in this condition. There was no evidence of loss of co-ordination. The following were the notes of the *post-mortem* examination: Very thin and soft skull. Much senile atrophy of convolutions and accumulation of subarachnoid fluid. No softening or lesion on exterior. Occupying position of right claustrum was a small cyst three-quarters of an inch deep by one-sixth inch broad, containing clear serous-looking fluid. In left cerebellar hemisphere was a large hemorrhage, chiefly in region of convolutions, involving only posterior part of whole cortex. This extended a little to the right of the middle line. There was, besides, a small hemorrhagic softening in the posterior wall of the posterior cornu of the right lateral ventricle, but no blood in the ventricles. Much atheroma of cerebral arteries.—*British Med. Journal*, June 16, 1888.

Insanity following Operations upon the Female Genitalia.

At the meeting of the Second Congress of the German Gynecological Society, at Halle, Werth, of Kiel, stated that of 270 women upon whom he had performed laparotomy he had observed in six insanity (melancholia) after the operation. Three of these patients were predisposed by heredity. The first symptoms showed themselves in one case five weeks, in a second eight, and in the remaining, several weeks after the operation. The duration of the disease was from two weeks to eight months. In one case recovery resulted, in two improvement, one patient committed suicide, in two the insanity remained stationary. The operations performed were: Castration, hysterectomy, and myomotomy. The cause of the insanity is not easy to determine. Iodoform cannot be charged with it, as it was not employed in all the cases, and was only used in moderate amount. In three cases a violent psychic or moral cause seems to have furnished the occasion of the attack.

Sänger, of Leipsic, said he believed that in such cases the patients were already diseased, and that the operations furnished only the occasion for the outbreak of violent symptoms. In three cases in which he obtained autopsies, he found in one an encephalitis, in another a hemorrhage into the pons Varolii, and in a third, exostoses upon the skull. It would perhaps be notice to thoughtful men not to operate.—*Wiener med. Presse*, June 17, 1888.

Uterine Appendages and the Sexual Appetite.

At the meeting of the British Gynecological Society, June 13, 1888, Mr. Lawson Tait read a paper on the influence of removal of the uterine appendages on the sexual appetite. He pointed out that in many respects the popular beliefs on the subject were remarkably erroneous, as, for example, that the removal of both testicles deprived a man of the power of fertilization and also of engaging in sexual intercourse. He could find no fact in support of this view; it was based apparently on a false analogy. Of course if the testicles were removed before puberty, it might be true, but it did not apply to the removal of the testicles of an adult. In animals, the desire and the power often survived, though the females seemed to "spot" the imperfection and refused approach. He only knew of one case of removal of both testicles in an adult, and in that instance sexual intercourse, after a time, had been resumed with as much satisfaction as ever, though after the first two years no emission took place. He hoped that the history of other cases of a similar kind would be forthcoming. He was convinced that the ovaries had as little to do with the sexual appetite in women as, say, the front teeth. He mentioned the cases of seven women whose ovaries had been removed while they were still virgins, and in whom, when married, no lack of sexual appetite was complained of. Still more remarkable was the evidence obtained from three young women in whom the uterus also had been removed while they were virgins. All of them gave evidence of strong sexual appetite. He concluded that, in men, the sexual appetite has not its seat in the testicles, and in women not in the ovaries, the tubes, or the uterus.

Dr. Bantock said that in several cases the women had found no difference after the operation in the matter of sexual propensity. He found that in horses it was by no means uncommon for a colt to have an erection even when castration had been performed before puberty. He had heard that eunuchs were quite capable of complete erection.

Dr. Harvey mentioned the case of a Jewess whose ovaries he had removed for severe menorrhagia, who made his life a burden by her complaints of having been deprived of sexual feeling. He said that as she did not know what had been done, her tale was probably a true one. He recalled that in India, where eunuchs are still made, it was generally held that unless a "clean sweep" was made of all the organs, including the penis, they were still capable of having intercourse.—*Medical Press and Circular*, June 23, 1888.

Intracranial Bullet-wound.

The Vienna correspondent of the *Medical Press and Circular*, June 23, 1888, says that at a recent meeting of the Imperial Royal Medical Society of Vienna, Prof. Von Mosetig showed a man, twenty-five years old, who had tried to commit suicide by shooting himself; the bullet had entered the skull through the temporal bone. On the day after the attempt at suicide the following symptoms were found to be present: Consciousness was intact; complete hemiplegia on the left side, which had supervened immediately after the shot; paralysis of the two lower branches of the facial nerve, the upper branch of this nerve being quite intact; paralysis of the hypoglossal nerve; a distinctly pronounced dorsal clonus in the right leg; epileptiform attacks of the paralyzed extremities, established on the third day after the injury. A wound the size of a pea was discovered over the right temporal bone, at about five centimetres above the zygomatic arch. Professor Mosetig wished to emphasize the fact that hemiplegia had occurred immediately after the lesion, as such motor disturbances are usually observed at a later period, when they are due to subdural hemorrhage. As no symptoms pointing to an increase of the intracranial pressure were present, Professor Von Mosetig determined on desisting from any surgical intervention, and applied a moist bandage of iodoform gauze. A bloody and serous exudation continually discharged from the wound for about five weeks. If the wound, in this case, had been permitted to heal under the formation of a dry scurf, retention of secretion and other disturbances would, no doubt, have been the result. The bladder and the intestines acted well. No disturbances of sensation or nutrition. The symptoms referred to began to improve during the course of the third week; at first, the paresis of the facial nerve, and later on the paralysis of the hypoglossal nerve disappeared; the patient began to speak. In the course of the sixth week, electrical treatment was resorted to, and the rest of the symptoms also disappeared. Ultimately only a hemiparesis and symptoms of contraction were present; moreover, a reflex athetosis or "chorea posthemiplegica" was to be observed, which supervened only when the patient began to yawn. The

tendon-reflexes were augmented and the dorsal clonus was present to a lesser degree. The patient recovered his normal speech, and the wound over the temporal bone healed up. The question arose as to the seat of the bullet. There is no doubt, he says, that he had to deal in this case with a lesion of the cerebral cortex, probably with an affection of the central lobe, so that the centres of the hypoglossal, the facial nerve, and the lobus paracentralis for the lower extremity became necessarily affected. The contraction and the "chorea post-hemiplegica" also plead in favor of a lesion of the cortex. The patient was able to stand upright for a while, but he could not do so when his eyes were closed. Professor Mosetig shares the opinion of Professor Nothnagel, and holds that any surgical intervention would be contra-indicated in this case. They might, indeed, succeed in removing the bullet, but he thinks there is scarcely any doubt that changes have already taken place on the surface of the brain which render a complete recovery highly improbable.

Tuberculosis of the Iris.

The Vienna correspondent of the *Medical Press and Circular*, June 23, 1888, states that at a recent meeting of the Imperial Royal Medical Society of Vienna, Prof. Fuchs brought before the society a case of tuberculosis of the iris. The patient, a girl, six and a half years old, had suffered from measles and hiccough, and later on she was the subject of small-pox and scarlet fever, with œdema. About four weeks after the last disease an inflammation of the eye supervened, which Prof. Fuchs recognized as being tuberculosis of the iris. Some relatives of the patient had died of tuberculosis; the patient was well-developed, and the apices of her lungs were sound. The cornea was found to be dim in the right eye, and small deposits were visible on its posterior surface. The internal part of the pupil was covered by a tumor which reached as far as the cornea, and consisted of many small nodules of a yellow-red color. Numerous blood-vessels were present on the surface of the swelling; similar nodules were also to be noticed over the rest of the iris, and even on the lenticular capsule. Prof. Fuchs remarked that he had not hitherto met with such a form of tuberculosis. This disease was usually observed under two other forms, viz., in the disseminated form where many small and gray nodules were scattered over the iris; and the second form was the conglobulated one, in which several conglomerated tubercles penetrated through the cornea and underwent a caseous process on its surface. While the disseminated form of tuberculosis, in most of the cases, is observed in both eyes, causing occlusion of the pupil, the conglomerated tubercle bears a great resemblance to a neoplasm. Virchow describes it as a granuloma of the iris, and its true character has been recognized only in modern times. As to the case under consideration, he said it was a transitory form, with a tumor which was composed of many small swellings. The patient was, moreover, affected with a tumefaction of the submaxillary lymphatic glands of the right side. The case was to be considered, he said, as one of primary tuberculosis of the iris. Prof. Fuchs was of opinion that the affected eye ought to be removed in order to avoid general tuberculous infection.

Microbes in Skin and Suppuration.

Dr. V. A. Kryloff, who has been investigating the causes of acute suppurative processes, has obtained some interesting results by rubbing antimonial ointment and croton oil liniment into shaved patches of the skins of different animals. When these substances were rubbed into the skin of guinea-pigs and rabbits, no pustules, as a rule, were produced; but by means of very energetic rubbing a dry gangrene of the skin was caused, in which no micro-organisms were to be found—a condition apparently due to an absence of pyogenic organisms in the skin of these animals. In one case, however, there was pustulation, and staphylococcus aureus was found. When a similar experiment was tried on dogs, pustulation always followed, and staphylococcus pyogenes albus was invariably found; this coccus existing, as it would seem, in the skin of the dog, otherwise it would be difficult to explain why other staphylococci were not found. Cultures were also prepared from the normal skin of dogs which, injected into other animals, produced abscesses, and in the case of rabbits proved rapidly fatal. The conclusion that Dr. Kryloff comes to is that the production of pustulation by external irritants depends, in part at least, on the presence of pyogenic organisms in the skin. In the case of dogs, he thinks that they must be localized in the deeper layers of the epidermis, as thorough disinfection was a very difficult proceeding; and unless the organisms lying deeply were destroyed, their power of provoking suppuration was not arrested.—*Lancet*, June 9, 1888.

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CHLOROFORM AS AN ANÆSTHETIC.

Dr. Chisolm's recent paper, "*A Very Valuable Lesson for Those who use Anæsthetics*," brings up not only the question of the proper treatment of suspended animation from anæsthetics, but also that of the choice of an anæsthetic agent. Dr. Chisolm estimates that chloroform has been administered under his charge at least ten thousand times, without a death. Four cases of suspended animation have occurred in this series, which were successfully treated by the method of Nélaton—suspension of the patient by the heels. The detailed account of these four cases adds convincing testimony to the value of this plan of treatment. Dr. Marion Sims, in *The Story of My Life*, gives a graphic account of a similar successful case in which the treatment was supervised by Nélaton himself: three times were the functions of the heart and lungs restored by suspension, and as often they failed when the supine position was resumed. "It is the horizontal position which is fatal in chloroform-poisoning," Dr. Chisolm says, and adds: "I feel convinced, from my own experience with this invaluable method, that many of the dead from chloroform might have been resuscitated had the surgeon hung up immediately by the feet the inanimate body, instead of wasting time in applying hypodermic injections, cold water splashing, spanking, fanning, electricity, or even attempts at artificial respiration. . . . Do any or all of these things if you will, but hang up the patient first, and that instantly, as soon as the heart and lungs fail." The method is equally applicable to the lesser grades of heart-failure, and to the same conditions when brought about by ether.

The method of treating obstructed pharyngeal breathing employed by the author is deserving of especial emphasis because of its practical importance. "Should snoring occur," he says, "indicating some difficulty in pharyngeal breathing, the chin is drawn forcibly upward. This elevation pulls the anterior wall of the pharynx, with the byoid bone and root of the tongue, forward, making for the air a clear and straight passage from the nose into the lungs. By this movement of the chin, respiration becomes immediately quiet and easy. The pulling-up of the chin is a much more efficient means of pulling the root of the tongue forward than by pulling out the tongue with the forceps, as is recommended by some surgeons. It is not always easy at this stage of anæsthesia to get into the mouth, as the lower jaw-muscles may not be relaxed. A proper tongue-forceps is not often at hand, and to tear the tongue-substance with sharp-toothed and yet slipping instruments, with the soreness and swelling which subsequently follow, is an abominable practice which should be abolished. The patient's chin and your own hands are always present, and it only

needs knowledge of the method to apply it, and to secure prompt and speedy relief."

The belief has been growing stronger of late that ether is not so safe an anæsthetic as has been supposed. Emmet, about 1865, had a death from ether anæsthesia. The woman was suffering from cystitis and pyelo-nephritis. After this death, he established the rule in the Woman's Hospital that the urine of all patients should be examined prior to etherization. He states that he has had five other cases of fatal suppression of urine where this rule was neglected by his assistants. It is a clinical fact which has been long recognized that persons with certain diseases of the urinary organs do not stand operations well. Especially is this true of persons with surgical kidney. They die shortly after operation from anuria with uræmia. It has been supposed that death is due to shock from the operation; but it is now known that the principal cause is irritation of the kidneys with ether. Reports of serious illness and death from ether-uræmia have not been rare in the last few years. So real is this danger, that some of the most conservative surgeons in America have abandoned ether as an anæsthetic. There is unquestionably a strong reaction against the dictum that ether alone shall be used for the production of anæsthesia in surgical practice, and a desire that the relative indications for the use of chloroform be better defined. While professional opinion is not yet sufficiently crystallized for dogmatic assertion, yet it is quite well established that ether is badly borne at both extremes of life (since it is apt to set up a bronchitis, or to intensify one already present) and by chronic drunkards; and that it is very fatal in cases of fatty heart and of nephritis. Chloroform, on the other hand, is well borne by the young and the old, by pregnant and parturient women; and it is not known to have any irritating effect upon the kidneys. It is almost universally recommended in tracheotomy. Deaths from chloroform generally have been among adults. Deaths have occurred during the administration of chloroform, where there was reason to believe that fear of the anæsthetic was the cause of the fatal result.

In the present state of our knowledge, the use of chloroform for the production of anæsthesia is justifiable during labor, in persons suffering from acute or chronic disease of the kidneys, in tracheotomy cases, and in the young and old, especially when they are suffering from bronchitis. Ether should not be given to persons suffering from diseased kidneys.

A DANGER TO THE CHILDREN.

We have already, in the REPORTER, called attention to certain sources of danger to the health of the young—not strictly medical—which we think it right for physicians to notice, and so it will not excite much surprise if we step a little aside from the usual and beaten track of medical journalism to point out another source of danger which sometimes comes in a most alluring and seductive form. We refer to the stories and illustrations contained in many of the periodicals published ostensibly for the good of little mankind. We do not in this refer to those despicable sheets published plainly with no other object than to get money by appealing to the coarse and rude part of children's nature. These are too gross to require our condemnation. We refer now rather to those which bear the imprint of well-known and highly respected publishing-houses, and which have a laudable purpose mixed with the entirely proper design of making money.

Some of the very best of these seem to overlook one possible effect on children of the thrilling stories they contain, or of the blood-curdling pictures which illustrate them. It has not been six months since we called attention to an instance in which the paper called *Wide Awake* erred in this respect (since which, by the way, we have ceased to receive it), and now we call attention to what we believe to be a defect in that otherwise excellent periodical, *Harper's*

Young Folks. This paper is in many respects so admirable that we regret to find it publishing stories in which the moral is brought in at the expense of a suggestion of immorality, and in which escape from danger is made the more striking by too graphic a description of the danger itself.

The effect of this sort of thing is so injurious to the bodily and mental health of young children, that we think it quite within the province of a medical journal to call attention to the fact. It is a great pity that a paper published for children should be of such a character that a parent cannot place a copy of it in the hands of his little ones without cutting out some of the pictures, or charging the nurse that she must not read certain of the stories—or parts of them—to the children. Yet this is precisely the case with *Harpers' Young Folks*, and we should regard any parent as careless of the mental development of his children who would let it come into their hands without carefully examining each copy to see if it were fit for them, in respect to the matter we are discussing.

No one can tell what horrors of night, and what torments of daily terror, are caused by the things with which some persons entertain children. Recollection of one's own experience, and observation of the experience of the present rising generation might convince the least observant that this is no fancy or prejudice which we urge upon their notice, and we would be glad to know that what we now say had the effect of riveting the attention of those who make books and papers for the young, upon the opportunity for harm which they present together with their opportunities for good. We have no doubt that the publishers of *Wide Awake* and of *Harpers' Young Folks* give much thought to the latter, but we fear they have sometimes overlooked the former. For this reason, and with a full appreciation of the good they have accomplished in certain directions, we call their attention, as well as that of our readers, to a matter which, in our judgment, calls for amendment.

A DETAIL OF COLOTOMY.

An interesting discussion has arisen lately in Germany in regard to the value of a step in the operation of colotomy, which was described by KNIE, of Moscow, in the *Centralblatt für Chirurgie*, May 5, 1888. The method suggested by Knie has been practiced by him only on dogs. It consists in opening the abdomen transversely in the region of the transverse colon, sewing the peritoneum to the edges of the wound in the belly-wall, drawing out the colon, making an opening through the mesocolon with a blunt instrument, and closing the abdominal wound with two or three stitches, which are passed through the opening in the mesocolon. The effect of this is to have a portion of the colon wholly outside of the abdomen. This loop is to be carefully stitched at each side to the edge of the (now) two abdominal openings, after which it is to be immediately incised, excised, or let alone for awhile, as the circumstances of each case may demand.

This ingenious method has attracted so much attention as to call forth articles by Maydl, of Vienna, and by Lauenstein, of Hamburg, in which they show that they had, previously to Knie's communication, performed operations essentially the same in principle. Maydl describes a number of operations in which he practiced his method, which consists in opening the abdomen at any suitable point, drawing out a loop of intestine, making an opening through the mesocolon, or mesentery, passing a piece of iodoform gauze through this, and stitching the loop of intestine to the parietal peritoneum, and its two parts together below the gauze. Lauenstein describes two operations on human beings, in which he had already done exactly what Knie afterward suggested, with the exception that he closed the abdominal wound by sutures, which simply passed through the mesocolon, so that no formal opening was made in it. In speaking of his opefations, Lauenstein properly calls attention to the fact that they were founded upon

the experiments of Panum, reported in 1885, on the behavior of loops of intestine which had been fastened outside of the abdominal cavity.

The method of Lauenstein seems to be, of those suggested, the one best suited for operations upon any movable part of the intestinal canal, while that of Maydl may be more suited to operations close to the rectum. The important feature of all the methods we have described is that they enable a surgeon to secure a portion of intestine wholly outside of, and shut off from, the general cavity of the peritoneum, upon which he may carry out further operative procedures at once, or after the lapse of a considerable interval. This is a matter of so much importance that it might make the difference between operating or not operating at all in many cases. The possibility of having an extra-peritoneal portion of the bowel still nourished by the vessels of its mesentery, and capable, as Panum has shown, of maintaining its vitality and adapting itself to its unnatural situation, must encourage surgeons to operate in cases which, but for this, would be beyond assistance.

The question of priority involved in the discussion alluded to is not important and seems easy to settle; but it is, perhaps, proper to say that, in general, Lauenstein's method is not only the simplest, and easiest to execute, but also the most scientific and most promising. It is a fortunate thing when all these elements are to be found in a single method.

LOCAL SUN-BATHS FOR HYDROCEPHALUS.

Among the methods recommended for the treatment of chronic hydrocephalus in infants is one cited in the *Wiener med. Presse*, June 10, 1884. It was proposed by Somma, and has been employed by him in five cases with good results. The method consists in exposing the bare head of the child to the direct rays of the sun for half an hour at a time for four or five days, and afterward for periods gradually increasing to forty or fifty minutes until a month has elapsed. When the treatment is applied, the child's face must be turned away from the sun.

If it were not for the fact that chronic hydrocephalus is a disease so rebellious to treatment that almost any suggestion is acceptable, we would hesitate to place this one of Somma before the readers of the REPORTER. But in no case does the adage "any port in a storm" apply more forcibly than in the treatment of chronic hydrocephalus; and so we overlook the somewhat confused explanation of the *rationale* of his method given by Somma, and bring this method alone to the attention of our readers in the hope that it may be more useful than its explanation is clear.

TREATMENT OF HEAT FEVER.

The principles upon which a case of heat fever should be treated have been practically settled since the publication of Dr. H. C. Wood's researches on the subject. It is of decided advantage, however, for the practitioner, besides knowing these principles of treatment, to have an efficient and simple method of applying them. Such a method has been described by DR. F. A. PACKARD, in his report of thirty-one cases of heat fever seen by him while resident physician at the Pennsylvania Hospital, during the summer of 1887 (*American Journal of the Medical Sciences*, June, 1888). In every summer a large number of cases of heat fever are brought to the Pennsylvania Hospital, and the treatment adopted there is the result of years of experience. During the time of Dr. Packard's experience, as soon as a patient with heat stroke was brought to the hospital, he was placed on a waterproof fracture-bed (which was kept under a tent in the open air), his clothing was removed as quickly as possible, a thermometer was introduced into the rectum, and ice was packed about the body and extremities. As a rule, fifteen or twenty minims of

tincture of digitalis were administered hypodermically. The thermometer was removed and examined every seven minutes, the icing being continued until the temperature fell to 104° F. The patient was then dried and put on a clean bed, with an ice-cap applied to his head. The icing was not continued after the temperature in the rectum had fallen below 104° F., because experience showed that if continued after that time the fall in temperature was too rapid and great, and a condition was brought about which required the application of external heat and free stimulation.

In cases in which the initial temperature was only 106° F. or under, it was found sufficient to strip the patient and sponge him liberally with a mixture of one part of alcohol and four parts of iced water, applying at the same time an ice-cap to his head. In addition to this routine treatment, other means were employed to meet individual symptoms in various cases. Thus, when convulsions occurred after the temperature had been lowered to a considerable extent, morphia was administered, and usually with good effect. Again, when the respiration and pulse failed to improve in character with the fall in temperature, the patient was bled in spite of the feeble pulse. This almost invariably produced quieter, fuller respirations, with a soft steady pulse. It was generally necessary to bleed from the arm, the blood being so thick that it had to be squeezed out by stroking the arm up from the hand. The loss of twelve or sixteen fluidounces of blood sufficed to bring about marked improvement.

From the experience in the Pennsylvania Hospital, the essential points in the treatment of heat stroke may be summarized as follows: Put the patient in the shade, where there can be as free a circulation of air as possible; strip him, and, if the temperature is above 106.2°, apply ice to the body until the temperature falls to 104°; then dry the patient and put him to bed with an ice-cap to his head. If convulsions occur at this time, use morphia; if the circulation and respiration do not improve with the fall in temperature, bleeding may be employed.

In addition to these practical and easily-remembered rules for the treatment of heat fever, we would remind our readers of a suggestion made by Dr. Morris J. Lewis in the MEDICAL AND SURGICAL REPORTER, August 6, 1887, that the physician would do well to carry with him a watery solution of antipyrine, two drachms to half an ounce, and administer at once twenty minims (ten grains) hypodermically, in order to bring about an early fall in temperature before other means can well be effective.

ANOTHER MEDICAL AND SURGICAL REPORTER.

We call the attention of our contemporaries, and of our readers, to the fact that a journal has been started at Toledo, Ohio, which has adopted the name of the *Medical and Surgical Reporter*. This is a mistake which we trust will be at once corrected; because our amiability can hardly be stretched so far as to approve of the appropriation by another journal of a title which owes whatever worth it has to the long career and success of the MEDICAL AND SURGICAL REPORTER of Philadelphia.

CORRESPONDENCE.

Official and Officinal.

TO THE EDITOR.

Sir: Would you please answer the following in THE MEDICAL AND SURGICAL REPORTER?

Prof. Bartholow says any drug recognized by the U. S. Pharmacopœia is *official*, and drugs kept in the shops *officinal*. He uses official exclusively in his work on Materia Medica. I cannot find any authority that sustains him. By answering the same fully you will greatly oblige

Yours truly, READER.

Reading, Pa., July 3, 1888.

[Dr. Bartholow is right—"Official" is what is sanctioned by the Pharmacopœia; "Officinal" is what is sold in the shop, or "*Officina*." Editor of REPORTER.]

Snake-Bite.

To the Editor.

Sir: Reading an editorial in the Medical and Surgical Reporter of June 9, 1888, upon "Snake-Bites," induces me to send you this. Having had a large experience in treating snake-bites, I am led to the conclusion that whiskey possesses no antidotal properties over the virus of the snake. It is simply given because it is popular. The poison of the snake, bee, wasp, spider, &c., is an acid. Whiskey has no alkaline properties, hence it is no antidote. That I may be understood, and for illustration, say that it takes gr. ⅛ of strychnia to destroy life, and if a man swallows this quantity, unless some antidote is used to destroy the effects of the poison, he will die. If the poison is neutralized before it does its deadly work, the man will recover. It is very evident that if it took one-eighth of a grain to kill a man, one-tenth of a grain would not kill. The man who has taken one-tenth of a grain will get well without any treatment. Now if it takes of the poison of the snake two grains by weight to kill, it is sure that one grain will not kill. If two grains enter a vein and are carried directly to the heart, they will produce paralysis of the heart, and the patient will die before an antidote can be given. If one grain enters the vein, and is carried to the heart, it will not kill, because it takes two grains to kill. We demonstrate this theory in our practice every day. We give our patients gr. 1-60 of strychnia; they do well.

Now we see why it is that whiskey is the universal remedy for snake-bite, and why so many believe it is infallible, when the truth is, the patient would have gotten well and been saved the intoxication.

I do not give whiskey in snake-bites. My theory is, that I have an acid poison to deal with, hence I give alkalies—spirits of ammonia, with a prompt emetic. The permanganate of potash is good, just in proportion as it neutralizes the acidity of the poison, and it is always well to support the heart's action with digitalis.

Yours truly, J. C. Milner, M.D.

Comanche, Texas,

June 19, 1888.

—Sir Morell Mackenzie declares that for the present he is debarred from answering the charges made against him by the German doctors, though he is preparing his own report of the disease of the late Emperor Frederick, and hopes to obtain permission to publish it later on.

Notes and Comments.

Drug-Stores in Germany.

A correspondent, writing from Dresden, says: "The drug-stores have a curious way here of shutting up just about the time you want them. And as soon as it begins to grow dark, down go the shutters; and if you need anything, you go to a little bell-handle outside of one of the iron shutters, and ring it. Then you hear some one at a crank inside; the massive frame rolls up, and a head looks out of the window. Finally the man or boy inside opens part of the window, and you talk through a pane of glass and make known your wants Instead of getting angry at being aroused, the man begs your pardon for keeping you outside and says: "I thank you for your order." If you have not the exact change, and the man inside is in the same predicament, he will beg you most politely, and thank you, to allow him to change it. Having done so, he will thank you for calling (evidently taking the visit as a social one), bow, close his little peep-hole, bow again, and then smile sweetly as he grinds down his iron shutter, and his smiling face is lost to view. How different from the druggists in America! I remember I once woke one up in the States, and he came downstairs with a shot-gun after me But, as I remarked before, they have a curious way of doing things in Dresden."—*Phila. Ledger*, June 12, 1888.

Professional Secrecy Enforced.

The *Chemist and Druggist*, June 23, 1888, states that the Besançon court of appeals has just decided an interesting case in accordance with well-settled jurisprudence. Dr. Z., the director of a private hospital, published some time ago an advertising pamphlet relating at length the case of a Mme. X., a patient of his, who was, he alleged, suffering with monomania, but since then escaped from the hospital. About eight hundred copies of the pamphlet were circulated, in which the patient's identity was alluded to pointedly enough to be easily recognized; whereupon the State attorney, although no one had complained, prosecuted the doctor for a violation of the section of the Penal Code enjoining professional secrecy upon physicians, pharmacists, and midwives. The first sentence was two hundred francs fine and two thousand francs damages. Not satisfied, Dr. Z. appealed, and for his pains the Besançon court has maintained the damages, raised the fine to five hundred francs, and seasoned the whole with a scathing rebuke.

Religio Medici.

The Union League Club resolutions on the death of Dr. Agnew, prepared by Chauncey M. Depew and presented by Sigourney W. Fay, contain the following: "If all Christians were like Dr. Agnew, all men would become Christians. With him, religion was not a cloak, but a career; it was not a formula, but a faith; it was not alone a liturgy or a creed, but the practice during every working-hour of the commandment 'Thou shalt love thy neighbor as thyself.' The profession was not only enriched by his genius and science, but thousands of young men owe to him the opportunities and examples which will enable them to take up his work and follow in his steps. The loss of such a man in the prime of life and usefulness is a public calamity, only mitigated by his good works while living and his glorious memory after death." —*Boston Med. and Surg. Journal*, June 7, 1888.

A Possible Source of Infection.

To obstetricians, who need to be constantly on the lookout for possible sources of puerperal septicæmic infection, the report of the following case is interesting, as revealing a somewhat unusual, or at least unexpected, source of danger. It is sent to the *British Medical Journal*, June 9, 1888, by a correspondent:

"A few months ago," he states, "I confined a woman of her seventh child. Immediately after birth she developed unmistakable signs of so-called puerperal fever, which rapidly terminated in death. During and after the confinement, I carried out the strictest antiseptic treatment. Part of the *post-partum* treatment consisted in washing out the uterus with an antiseptic twice daily; for this purpose I used an ordinary Higginson's syringe, with large catheter attached. The catheter I provided myself, taking care to use one which had never been used for any purpose before. The syringe my patient provided me with was a new one. At the termination of the case I advised my patient's friends to burn the syringe and the catheter, this being, I thought, the surest way to prevent the possibility of subsequent infection from their being given out on loan. Quite recently I learned upon inquiry that the catheter had been burned, but the syringe had been 'returned to the chemist' from whom it had been borrowed at a moderate charge per diem. The poorer classes are, it appears, in the habit of borrowing syringes in this way, and one at least of my professional neighbors sends his patients to the chemist to hire one when he finds they cannot afford to purchase. It is not difficult to see how, under these circumstances, puerperal septicæmia may be spread. I bought from the chemist one of the two syringes he keeps on hire; the other he told me had not been returned. 'Indeed,' he added, 'I lose on an average one in the month.' Although I put the one I secured beyond the possibility of future harm, unfortunately it is impossible to identify it as the one I used some months ago, which means that the stolen one is at large, possibly carrying with it puerperal septicæmic influences."

We have never in this country heard of druggists who kept syringes or any other instruments for hire; but what has occurred in England may occur here. A word to the wise is sufficient.

New Operation for Incontinence of Urine in Women.

At the meeting of the British Gynecological Society, April 25, 1888, Dr. William Alexander read a paper on this subject, in which he said that the first case he operated upon was a woman belonging to the theatrical profession, who often had to retain her urine for unduly prolonged periods of time. This ultimately determined a paralysis of the sphincter of the urethra. To remedy the distressing effects of this condition of things, various methods of treatment were employed, but in vain, and ultimately he dissected out the urethra and led it into the rectum, hoping to utilize the rectal sphincter for the retention of urine. At the third attempt he succeeded, and the patient was much relieved. He also read the notes of two other cases on which he had operated for vesico-vaginal fistulæ by closing the vulva and carrying the urine into the rectum.—*Medical Press and Circular*, May 2, 1888.

Aromatic Vinegar for Disinfecting Sick-rooms.

The *Chemist and Druggist*, June 23, 1888, gives the following formula:

Camphor	℥j
Oil of cassia	f℥j
" pimento	f℥j
" bergamot	f℥j
" cloves	f℥j
" lavender	f℥ij
Acetic acid	f℥iij
Rectified spirit	f℥iij
Glacial acetic acid to	f℥xvj

Mix.

Mr. Depew on the Doctor.

We learn from the *Medical Record*, June 23, 1888, that Mr. Chauncey M. Depew, in his address before the Syracuse Medical College, spoke as follows concerning success in the doctor's life:

"I have no faith in mottoes, or maxims, or rules for success, and, though often asked, never have any to give. A young man who has good health, and governs his conduct by a conscientious answer to the ever-present question Would my mother approve? and gives tireless attention to his business, is certain to succeed. It is impossible for every one to win fame or fortune, or both; but the man who earns a living, even in a very modest way, feels the inspiration of independence, and has safely passed the precipice of failure. Repinings for riches and angry envy of prosperity weaken the moral tone and mental fibre. They paralyze effort, and end in empty vaporings in the bar-room and empty larders at home. The opportunities for accumulating large fortunes rarely come to members of the liberal professions. Their compensations are in the position and influence accorded to their culture and training. With them self-support is success, and when the surplus surely comes, and with it home, larger comforts, and fair competence for declining years, they enjoy a measure of happiness and content rarely found with the use and care of great wealth."

Successful Operation for Stenosis of the Pylorus.

The *Medical Record*, June 23, 1888, states that Loreta's operation, or digital divulsion of the pylorus for stenosis, with dilatation of the stomach, was performed June 11 by Dr. William T. Bull at St. Luke's Hospital, New York. The patient, a man thirty-seven years old, had suffered for twenty months from daily vomiting, pain, acid eructations, and heartburn, and was much reduced in flesh, despite treatment by lavage of the stomach, careful diet, and internal remedies. The fluids of the stomach were thoroughly investigated chemically by Dr. F. P. Kinnicutt, and the diagnosis of stenosis from cicatricial contraction of an ulcer arrived at. The operation confirmed the diagnosis, the pyloric orifice being found so small as to admit only a bougie of a diameter of three-sixteenths of an inch. Through a wound two inches long near the pylorus, the orifice was stretched gradually with bougies and the fingers till it was over two inches in diameter. No accident followed the operation, and the patient may now (June 19) be considered out of danger. There has been neither pain nor vomiting, though for several days considerable quantities of liquid diet have been taken by the mouth. A full report of the case will be presented at the October meeting of the Practitioners' Society. This is the first successful case of this operation yet reported in this country.

The Effect of Ergot on the Involution of the Uterus.

This has been carefully studied by Drs. Herman and Fowler, of England, and in a paper before the London Obstetrical Society they report two sets of patients—one set (58 cases) treated with ergot for a fortnight after labor; the other set (68 cases) given a single dose of ergot after labor, and no more. In the first set of patients the uterus diminished more rapidly in size than in those in which only one dose was given. As to the effect on the duration of the lochial discharge they did not find that the ergot treatment produced any appreciable effect.

Dr. Boxall, before the same society, contrasted two series of cases, each referring to one hundred patients. In the first series, ergot was given three times daily during the first three days after labor; in the second, ergot was omitted. His observation is that the practice of giving ergot during the days subsequent to delivery tends to prevent the formation of clots and to hasten their expulsion, and to diminish the frequency, intensity, and duration of after-pains.—*Practice*, March 15, 1888.

Naphthaline in Purulent Ophthalmia.

At the meeting of the Biological Society of Paris, May 19, 1888 (*Bulletin Médical*, May 23, 1888), M. Budin stated that he had employed naphthaline in two cases of purulent ophthalmia, in conjunction, however, with nitrate of silver, as he did not feel justified in using it alone. He first made one application of a solution of nitrate of silver to the eyes, and followed it with applications of a saturated aqueous solution of naphthaline. This he did for three days, and then discontinued the former. He recognizes the fact that the number of observations has been too small to draw trustworthy conclusions from, and yet the usual duration of the suppuration was so much shortened that he thinks the usefulness of the remedy should engage attention, and its proper mode of employment be learned by trial.

How to Administer Sulphonal.

The *Chemist and Druggist*, June 16, 1888, in an article on sulphonal, states that the sparing solubility of sulphonal is one of the chief difficulties which have to be dealt with in dispensing the remedy. It is placed on the market in the form of small white crystals, which powder easily, but the resulting powder mixes badly with water. Were there not this objection, the best form of dispensing sulphonal would be as powder, for, the dose being comparatively large (15 to 60 grains), pills are out of the question. The patient might, however, take a powder dry on the tongue and wash it down with water, or, better, it may be taken in rice-paper. In mixture, the drug requires the addition of something viscous to suspend it, otherwise the powder rises to the surface of the liquid as soon as agitation ceases. For a draught it advises the following formula as suitable one:

Sulphonal	gr. xxx
Syrup	
Mucilage of acacia	aa ʒ ii
Distilled water	ʒ i

Powder the sulphonal, and mix the syrup with it in the mortar, then the mucilage diluted with three fluid drachms of water. Wash out the mortar with the rest of the water. Dr. Lovegrove recommends compound tragacanth powder for suspending sulphonal, and this may be used if the viscosity is not objected to. The remedy makes a good pill with glycerine and tragacanth, but, as already stated, the dose renders this form of administration objectionable.

Sulphonal is practically tasteless, the extremely slight bitter after-taste of the aqueous solution being observable only to those who expect it, and not to the ordinary patient.

The Disinfection of Bedding and Clothing.

The *N. Y. Medical Journal*, June 16, 1888, says that in Paris the importance of destroying micro-organisms in every shape and wherever found seems ever increasing, as shown by the effort lately made in this direction by the directors of the great government loan offices called the *Mont de piété*. A large number of the poor classes pawn their bedding, and all sorts of mattresses, pillows, and other articles are received at the loan offices and placed in the storehouses, and, when we know that one of the number may be contaminated with the germs of some disease, and transmit it to the whole lot and cause an epidemic, as has been proved, the importance of disinfection of these goods will be recognized. It is only too common in all countries to see poor people, after a long illness, compelled to pawn their goods; and our local law-makers, together with those interested in hygiene, may see their way to purifying these goods or insisting that the pawn-shop people do it, by the means used in Paris. This is by superheated steam. A large cylinder to put the goods into is mounted on wheels, looking for all the world like a steam boiler or a fire-engine. This can be drawn by a horse wherever it is wanted, as was done lately during an epidemic of sweating sickness in the country, and the goods are placed in it for disinfection. During the few months that this plan has been working, thousands of old mattresses, pillows, covers, and clothes of all sorts have been steamed, and it is beyond question that millions of the invisible and dangerous microbes have been destroyed, and that another great step has been taken toward the millennium of cleanliness, and therefore of health, in modern cities.

This plan for public disinfection has already been referred to with commendation in an editorial in the REPORTER, June 30, but the subject is of sufficient importance to deserve urging even by repetition.

Marine Station for the University of Pennsylvania.

The Biological Department of the University of Pennsylvania is about to establish a station for original research and for instruction in forms of marine life. It is stated that a gentleman interested in this study is to give a large sum of money to the University for the endowment of the station, which will probably be in operation next summer.

It is said that the present plan does not look to the fixing of a permanent site for the station until, from a number of years' varied experience, the best spot has been found. It is proposed to get a large schooner, to fit it up with a steam pump, the ordinary laboratory equipments, etc., and to move in it from place to place. The students can either use the vessel as a means of conveyance, or meet it at the point which has been selected as the temporary station.

Professor Dolley, of the Biological School, is to go abroad to study next summer, and will visit, among other places, the great marine station at Naples, where he was a student some years ago.

NEWS.

—The New York Polyclinic is to have a spacious hospital in immediate connection with the college.

—Small-pox is epidemic in the town of Preston, about thirty-five miles north of Liverpool, England.

—There is said to be a genuine case of leprosy in Le Grande, Iowa, the victim being a young Norwegian.

—The tenth regular meeting of the State Board of Health of Pennsylvania was held in the Supreme Court Room at Harrisburg, July 11.

—The number of cases of small-pox at Havana, Cuba, is diminishing. Of a total of 498 deaths during the month of June, only thirteen were from small-pox.

—A committee has been appointed by the British Medical Association to investigate the effects of different occupations and employments on the physical development of the human body.

—The Government Health Reports state that Plant City, Florida, has again become infected with yellow fever. There were two deaths in June. Active measures have been taken to isolate the town.

—The Benevolent Fund of the British Medical Association has had large demands upon it, and its balance is very low. The *British Medical Journal*, July 7, makes an urgent appeal for subscriptions to the fund.

—The Paris authorities are now using coal-gas to kill the vagrant dogs which fall into the hands of the police. They are crowded into a closed box containing the gas, and in three or four minutes their dead bodies can be taken out.

—"The man without a larynx," who has been an object of curiosity to the Paris doctors for some time, recently died in attempting to remove, cleanse, and replace the canula in his throat himself, instead of going to the Saint Louis Hospital, as he had always done before.

—The *Boston Medical and Surgical Journal*, July 12, 1888, says that the Board of Health of New York City, on the 29th of June, appointed forty-one physicians for the special summer service of the Department. They are engaged for two months at a salary of $100 per month, and each physician is expected to spend at least eight hours a day in visiting the tenement-houses of his district. This work is under the direction and supervision of Dr. Moreau Morris.

HUMOR.

"MISTER," HE PLEADED, "I have lost a leg, and—" "Yes, so I see. It's mighty provoking to lose anything. I lost a dog once that I had often tried to give away, but I was mad about it just the same."—*The Epoch.*

"NO," SAID THE HOUSEMAID, "I don't apologize to a man when I throw a bucket of water down the front steps to wash 'em, and he comes along and gets drenched. I've tried apologizing, but I've found there's nothing you can say to a man in that case which will satisfy him."—*Scranton Truth.*

WIFE (WHO HAS THE FOREIGN-LANGUAGE "spasm"): "John, do you know, I'm getting on splendidly with my French. I am really beginning to think in the language." Husband: (interested in his paper)—"Is that so? Let me hear you think a little while in French."—*N. Y. Sun.*

FEARS RELIEVED.—Office-boy (to country editor): "Man outside, sir, wants to see the editor." Editor (anxiously): "What does he want of the editor?" Boy: "Says he wants to mop the floor with him." Editor (relieved): "Oh, show him in. I was afraid it was somebody come to stop his paper."—*Life.*

OBITUARY.

J. MILNER FOTHERGILL, M.D.

Dr. J. Milner Fothergill, whose name has become familiar to American readers through his books and his articles in medical journals, died June 28, of gangrene of the foot, which occurred as a complication of diabetes, from which he had been a sufferer for many years. He was born April 11, 1841, in the village of Morland, Westmoreland. His father was a physician, and so were several others of his ancestors. He was graduated from University of Edinburgh in 1865.

In 1872, he wrote his first book, on "The Heart and its Diseases, with their Treatment." This at once secured for him a wide reputation, and a second edition was published in 1879. His later writings were devoted for the most part to diseases of nutrition. He was a bold and fearless writer, and rather challenged than feared criticism. His style was graphic and racy, charming one almost into forgetting his faulty logic, supported as it was by dogmatic assertion.

Dr. Fothergill was married in 1880, and leaves a widow but no children.